



Comprehensive Community Based Rehabilitation in Tanzania
Changing Lives, Changing Communities



Annual Report 2010

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Acronyms

AMO	Assistant Medical Officer
BMH	Baobab Maternity Hospital
CBR	Community Based Rehabilitation
CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CP	Community Programme
CWD	Children with Disabilities
DH	Disability Hospital
DPO	Disabled People's Organisation
DSM	Dar es Salaam
H1	The first half of the year
H2	The second half of the year
HB/SC	Hydrocephalus/ spina bifida
HQ	Headquarters
HR	Human Resources
IEC	Information, Education and Communication
JHPIEGO	John Hopkins Program for International Education in Gynaecology and Obstetrics
KCMC	Kilimanjaro Christian Medical Centre
M&E	Monitoring and Evaluation
O&M	Orientation and mobility
MKUKUTA	Mkakati wa Kukuza na Kuondoa Umaskini Tanzania (English translation "National Strategy for Growth and Reduction of Poverty")
MO	Mobile Outreach
MoHSW	Ministry of Health and Social Welfare
MoU	Memorandum of Understanding
NGO	Non-Governmental Organisation
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PWD	People with Disabilities
RDH	Regional Designated Hospital
TATCOT	Tanzania Training Centre for Orthopaedic Technologists
UNCRPD	UN Convention on the Rights of Persons with Disabilities
VCT	Voluntary Counselling and Testing
VVF	Vesico-vaginal fistula
WIT	Week of intensive training

Executive Summary

2010 was a year of exciting developments, increasing activity, and great support from partners, visitors, The Board of Directors, and staff. With the always challenging economic situation, there has been a continued focus on financial sustainability and this was reflected in the refurbishment of the private clinic to attract wealthier patients and in the significant investment of time and resources into fundraising for Baobab Maternity Hospital. Events of note include: a partner event in June, at which H.E. President Kikwete spoke; a visit from United Nations Deputy Secretary General Dr. Ahsha-Rose Migiro; and the filming on site of a short Vodacom sponsored business report which appeared on CNN in late December.

Always seeking to maximise its financial resources and to minimise unnecessary spending, CCBRT implemented several cost cutting measures during the year including the sale of unnecessary vehicles, tightening up our staff travel procedures, and overall streamlining. We are also being vigilant in the area of energy consumption, with concerns not only regarding costs but also environmental issues. In late 2010, this became a more acute concern because of increased power cuts and, simultaneously, rising fuel costs.

In order to achieve greater levels of financial independence, CCBRT has sought more effective ways of generating income internally. This will help the organisation to be more sustainable in the long term. To attract more private patients, a new payment structure was initiated in the first half of the year, with two levels of service for wealthier patients. Now, private patients can opt for a 'middle level' service or a 'top level' service, the latter giving a full range of added benefits for the patient. Such options reflect the changing nature of Tanzanian society and CCBRT's commitment to serving the poorest of the poor by building up the financial resources to do so.

Throughout the year, service delivery was strong, with a record number of total operations achieved in 2010. Particular successes came in the rehabilitation department where the number of fistula operations was 65 per cent higher than the previous year and cleft lip/palate operations were nearly threefold. These achievements were largely due to the innovations introduced early in the year, when mobile phone technology was harnessed to transfer money for transport to patients living in more remote areas through a growing network of 'ambassadors'. The mobile outreach team also had a highly successful year marked by increased activities during surgical outreach trips. In November, the two-week paediatric outreach to Mwanza resulted in a record number of on-site operations, with 112 children receiving eye surgery. All activities have been supported by strong awareness raising campaigns and substantial media coverage achieved with the support of the communications team. In addition, the many great contributions of CCBRT's partners have facilitated our successes.

The challenges of accessing those in need of treatment remain, and CCBRT has tackled this with

the allocation of resources to posters, radio airings, newspaper supplements and events. In addition, with the use of Vodacom M-PESA money transfer system, CCBRT has been able to overcome the major barrier of transport costs. Results at the end of 2010 demonstrate the effectiveness of such efforts and they will be further expanded in 2011.

The community programme ended its first full year as a restructured department in a strong position and with many positive outcomes. CBR activities have been more focused on support unit attendance, and results here were excellent. The mobile workshop van, which commenced activities in March, has seen 420 children at its clubfoot clinic and has proved to be a positive addition. In Moshi, the community programme had a year of consolidation and steady growth, with a greater emphasis on identifying those in need of treatment through 'ambassadors'. This resulted in higher numbers of referrals to neighbouring hospitals, whilst on-site many weeks of intensive training were held and the workshop offered more children mobility through appropriate seating devices. It was also a great year for the PEPFAR funded HIV/AIDS and disability project which reached over 9,000 individuals through its many activities in 2010.

With three team members, the advocacy team was extremely active throughout 2010, with research, lobbying, policy work and network building particularly strong. CCBRT is therefore able to play a greater role in the advocacy arena on behalf of people with disabilities and is working with stakeholders to ensure that their specific needs are integrated into policies and practices.

It was a year of significant developments for the Baobab Maternity Hospital team, with the first capacity building phase in full swing and final revisions to the architectural plans and budget. Following the recruitment of a technical advisor to the project, the assessments of nine existing health facilities took place and infrastructure development began. In H2, the training of maternal and newborn healthcare staff commenced with a focus on early identification of impairments and Basic Emergency Obstetric Care. Discussions with potential partners showed increasingly positive signs and the construction phase is expected to begin in 2011.

CCBRT introduced a revised appraisal system at the beginning of 2010 and this proved a positive step towards managing performance within the growing organisation. Management by objectives is a tool in which agreed targets must be met to achieve a high score. It features both individual and team objectives which are set every six months. The first round of appraisals took place in June and feedback was provided to refine the tool for the December round.

At the end of 2010, CCBRT's financial position was stable with increases in both income and expenditure due to new projects. Particular costs were incurred through the hiring of consultants for the development of Baobab Maternity Hospital and the need to maintain disability hospital infrastructure and equipment which is now ten years old.

Below is a detailed review of our activities for 2010. We are delighted to share with you the challenges and successes of our extensive work in 2010.

A comprehensive 2010 workplan for the organisation is available on request.

1.0 Introduction

Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) is a locally registered non-governmental organisation (NGO) first established in 1994. It is the largest indigenous provider of disability and rehabilitation services in the country. CCBRT comprises a well established disability hospital in Dar es Salaam, community programmes in and around Dar es Salaam and Moshi, a training unit and an advocacy unit. Every year, around 120,000 adults and children with disabilities (CWD) and their caregivers achieve a better quality of life through CCBRT services.

In a public-private partnership with the Government of Tanzania, CCBRT will add to its existing services by offering much needed mother and infant healthcare through its new maternity hospital, Baobab Maternity Hospital which is scheduled for construction during 2011 so long as funding can be secured. CCBRT Disability Hospital and Baobab Maternity Hospital together form a Regional Designated Hospital in Tanzania, making it eligible for government support on staff salaries and medical consumables.

CCBRT's overall aim is:

To improve the quality of life of people living with disabilities, their family members and caregivers to enable them to become full and active members of society.

The main objectives are to:

- 1) Provide quality medical and rehabilitative services to prevent / reduce disability
- 2) Empower people with disabilities to participate as equal members in society
- 3) Mainstream disability into development issues to work towards an inclusive environment for persons with disabilities.

This report illustrates CCBRT's activities for the year 2010, looking at headquarters, the disability hospital, community programme, Baobab Maternity Hospital and, finally, training activities.

2.0 Headquarters

2.1 Overall management, human resources, finance and administration

2010 was an exciting year for CCBRT with many visitors from overseas and substantial interest from the media. It was CCBRT's second year as a Regional Designated Hospital (RDH) and was also the first full year in which headquarters (HQ) included an advocacy and a communications team. Cost-saving was implemented where possible in order to ensure that funds are managed sustainably and effectively, with measures including the streamlining of CCBRT's vehicle fleet and initial reviews of staffing level. Financial transparency remains important and was improved with the full implementation of Standardised Accounting Procedure (SAP). This has facilitated interface between different departments and supports CCBRT's commitment to sustainability.

A Management Committee comprising the disability hospital (DH) and community programme (CP) directors and deputies along with the finance manager was formed in H1 and meets on a regular basis to support the CEO and Deputy CEO in the day to day running of CCBRT and wider management.

2.1a) Administration and financial management

Concerted efforts have been made to streamline and formalise procedures, with the production of the administration and policy manual which was implemented in early 2010. This has led to greater consistency across CCBRT and staff have signed policies relating to workplace practices and behaviours including a child protection and a drug-free workplace policy.

A meeting with many of CCBRT's partners in May resulted in a great deal of support and encouragement for the direction that we are taking and was an opportunity to explore further the implications of CCBRT's status as a Regional Designated Hospital.

Financial management: With the introduction of SAP, 2010 was a year of transition and consolidation for the finance department. The financial management of CCBRT is now under one structure which sits in HQ and functions as a department for the whole organisation whereas, previously, each area had its own finance team. The aim of this is to improve efficiencies and uniformity in the way that finances are managed and is a more professional structure able to respond better to growth and change. The department moved to its new location in the former board room in August and comprises 17 members of staff. A successful external audit and donor-specific audits in H1 demonstrated the strong controls that CCBRT has implemented in its financial systems and procedures and these are becoming even tighter as a result of centralisation.

In order to ensure that the finance department and procurement are aligned in their work, the procurement department is also being reorganised and the new policy being fine-tuned. This is critical for the entire organisation as cost-effective, timely purchasing will support our sustainability and our day to day running. With the full use of SAP by the procurement team, enhanced efficiencies, appropriate stock levels and minimal wastage will be apparent. Further positive developments in the management of procurement are planned for early 2011.

Monthly quality audits: Throughout the year, monitoring and evaluation of CCBRT's activities takes place. In 2010, 18 assignments took place: four in HQ, five in CP and nine at DH. In HQ, the audits included the efficiency of the staff saving scheme; observance of rules and regulations; checking the maintenance of generators; the operational condition of the vehicles and spot checks within accounts. CP audits comprised assessment of the outputs of weeks of intensive training (WIT) in Moshi; annual review of Moshi's seating clinic; review of Manzese and Mbagala daycare centres; efficiency of restructuring in CP. At DH, audits looked at: the fistula (VVF) ward; private ward; fast-track out-patient department; refraction services and collecting patients' suggestions from boxes. On most occasions, the relevant managers were aware of the audits taking place but some of the assessments take place without the prior knowledge of the in-charges.

Further frameworks for monitoring and evaluation and good practice guidelines will be drafted in the near future.

Governance and meetings: Three Dar es Salaam (DSM) Regional Designated Hospital Governing Committee meetings were held in 2010 in order to fully define the function of the RDH (which consists of CCBRT DH and the future Baobab Maternity Hospital (BMH)). The first of these, in H1, established the level of support available from the Government of Tanzania as a result of our Memorandum of Understanding (MoU) and CCBRT subsequently opened an account with the Medical Supply Department. Two further meetings were held in H2 and the committee members have been discussing ways to tackle issues affecting DH such as power cuts, the crowding around a local bus stop, waste control and awareness of CCBRT's work in the community.

CCBRT was invited to attend many meetings and events in 2010. At the Community Health Board meeting in November, CCBRT presented its community work through DH and the capacity building phase of BMH to a large audience. The guest of honour at the meeting was Deputy Minister of Health and Social Welfare, Dr. Lucy Nkya.

The board and General Assembly are in frequent contact, through which members are updated on activities and developments. In 2010, there were also three board meetings and one General Assembly, the latter held in November. This year, the General Assembly was augmented by the addition of Mr. Jonathan Sutton carrying with him a wealth of corporate and business experience, and Mr. B.R.M. Kingobi, the City Director for Dar es Salaam.

Internal meetings, at which all staff are present, are an important way of celebrating shared successes and communicating events, developments and future plans. In 2010, we had four gatherings of all staff in the Anna Abdallah hall.

The CEO visited many partners throughout the year. Highlights include: a visit to CCBRT's partners, CBM, in Ireland and a meeting with Irish AID; a visit to CBM in both Australia and New Zealand in March; a trip to Europe in October in which he met with CBM, Germany, at an assessment centre and also attended a meeting with Light For The World in Brussels. Just before the Christmas break, the CEO travelled to Nairobi for a three day meeting with the regional CBM team and the Vice President.

Budgets and workplans: The process of formulating budgets and the CCBRT workplan for 2011 was adapted in 2010 to ensure more open discussion and greater input from all departments. Round table discussions meant that all directors were able to share programme plans for the coming year and all were able to contribute to the finalisation of each other's plans and budgets. As a consequence of this approach, which also involved each department defending its 2011 budget, final activities were signed off with a consensus.

2.1b) Human resource management

2010 was a challenging year for the human resources (HR) officer, who was transferred from her role in DH in the first half of the year. With a total of 336 staff, CCBRT requires increased policies and procedures for the management and development of its human resources and this was a year of implementing such measures. Within the year, CCBRT welcomed 15 new members of staff and said a fond farewell to three who retired. 204 of CCBRT's staff members work within DH; a further 99 are in roles in CP, and 33 are within HQ. Recognising the need to appraise staff effectively, and to measure performance against agreed targets, a management by objectives system was established in H1. All members of staff agree individual six month targets with their managers and are assessed against these twice a year. In 2010, appraisals took place in June and November/ December. An attendance management tool is also being considered although final plans for this have yet to be presented.

A new database containing information relating to all staff was set up in H2. Information was collected on forms and photographs of staff members were taken. This was part of a broader exercise to ensure that contracts and other official documents are filed for all staff and the exercise will be completed in 2011. This will facilitate smoother HR management and ensure that any HR issues relating to employment terms and contracts are easier to resolve. A leave folder, to ensure that annual leave is correctly monitored, has also been developed and job description templates are in the process of being finalised.

In order to offer CCBRT staff low cost access to a range of medical care, discussions started with the National Health Insurance Fund (NHIF) in H2. Following a meeting with NHIF

representatives and CCBRT staff, it was decided that membership would be of great benefit to CCBRT and the arrangements will be completed in 2011.

2.1c) Communications, information and awareness raising

2010 was the first full year for the communications department, and it was a very busy twelve months. There were some changes within the team during the year, with the departure in June of an intern who contributed a great deal to CCBRT. In October, the communications manager left full-time employment at CCBRT to work on a consultancy basis. This resulted in a change of responsibilities for the remaining two team members, one of whom assumed responsibility for the management of the department.

The focus of the department's work in 2010 was on: supporting awareness raising efforts for the BMH project and for mobile outreach (MO) activities; improving and updating the CCBRT and BMH websites; the production of newsletters, patient stories, fact sheets and other internal and external materials; reporting to partners; organising and supervising visits to CCBRT; managing press conferences; writing magazine and newspaper articles; and supporting all other departments with their communications needs. CCBRT enjoyed wide media interest and coverage in 2010, from both national and international sources. During the year, CCBRT featured in 75 newspaper articles; 34 radio broadcasts; 29 television programmes; and six magazine articles. In addition, many websites feature CCBRT or links to our own websites. The Interim Report for 2010 was compiled and made available on CCBRT's website (www.ccbt.or.tz) in July. Also available on-line are the quarterly CCBRT newsletters and the bi-monthly BMH newsletters, both of which are translated externally into Kiswahili. They are distributed internally and are also sent to our partners, the health ministries and disabled people's organizations (DPOs). A short trailer produced in H1 has run in cinemas in Dar es Salaam and Arusha. The communications department has played an active role in helping to access more people in need of treatment by producing radio adverts which are aired on a regular basis and radio spots used prior to MO clinics to encourage people to attend. The department is also responsible for the production of posters and leaflets that demonstrate the conditions CCBRT treats and the services available. There has been a strong focus on VVF and cleft lip/palate during 2010, with around 10,000 VVF and 7,000 cleft lip/palate posters printed.

Communications highlights 2010

- Two articles in Precision Air Magazine on BMH (Jan/Feb) and Inclusive Education (April/June) and one in Vodaworld Tanzania also on BMH. In October, an article about VVF featured in the anniversary edition of Shear Illusions magazine. An article on BMH also appeared in the Swiss magazine Annabelle in November.
- In January and February, Malaria No More filmed at CCBRT to show the link between malaria and some disabling conditions. The films are being used in the US and locally to raise awareness. Lady Jay Dee visited with local musicians Maunda and Banana Zorro, and wrote about her experience in her blog. Lady Jay Dee has continued to write about CCBRT on her blog and this attracts a wide audience (<http://ladyjaydee.blogspot.com/2010>).
- During 2010, nine press conferences were held at CCBRT. Highlights include:
International Women's Day, 8 March, when an editorial briefing at CCBRT revealed the Baobab Maternity Hospital plans to 31 media professionals. Gifts were given to women in the VVF ward. Media coverage on three TV stations, three radio stations and national newspapers.
On 29 April the advocacy team launched its employment survey with Radar Development. The event attracted media attention and was shown on Star TV and TBC.
The announcement of CCBRT's partnership with Tigo on 3 September was very well attended and covered by local press.
The partnership between Tigo and CCBRT was announced in a press conference on 23 September and received substantial media coverage,
On 11 October, Lady Jay Dee became a 'hero for women with fistula' at a press conference at CCBRT and this was covered by local media.
- A radio interview with the mobile outreach manager on TBC Taifa and a half hour radio slot featuring the Director of Community Programmes talking about VVF on Clouds FM.
- On 9 June, UK Channel More4 aired a documentary, 'Albino United', in which an albino football team was at CCBRT for eye screenings and receiving appropriate optical devices.
- On 9 December, a film crew from CNN visited CCBRT to film women in the fistula ward and talk about Vodafone M-PESA for Vodacom. The short film was aired on CNN's Marketplace Africa in late December. (<http://edition.cnn.com/video/#/video/international/2010/12/24/mpa.tanzania.mobile.banking.cnn>)
- The Baobab Partnership evening attended by the President of the United Republic of Tanzania on 11 June generated great media interest, appearing on three TV stations, two radio broadcasts (including the BBC) and many national newspapers.
- On 2 August, the visit of the United Nations Deputy Secretary General, Dr Asha-Rose Migiro, attracted significant media interest and was widely reported in the press and on television.
- An awareness raising concert on preventable blindness was held in a suburb of Dar es Salaam on 15 July. It featured the Austrian Windhund Band and was attended by over 500 people.

2.1d) Fundraising and events

Fundraising efforts in 2010 followed a strategic approach to support CCBRT's objective of being financially stable and sustainable in the long term. The focus was on building partnerships for CCBRT's maternal and newborn healthcare services and, despite continued global economic challenges, many positive responses have been received. To ensure consistency in approach, and to reach the goals set, a comprehensive fundraising strategy document is being developed and will be finalised in 2011.

In addition to support for BMH, corporate partners were involved in DH activities. In February, Geita Gold Ltd. sent a bus with 21 cleft lip patients to CCBRT and, in September, Tanzanian International Container Services brought 16 cleft lip patients from the remote Kagera region of Tanzania. In addition the partnership launched with mobile phone company Tigo in September resulted in Tigo's sponsorship of a two-week paediatric surgical outreach clinic in Mwanza in November during which 112 children received eye surgery.

Events during 2010 provided many opportunities to share CCBRT's objectives and to build relationships with existing and potential partners. Key events comprise:

- On 17 February CCBRT's, a sponsored reception was attended by 70 CEOs and managers from some of Tanzania's largest companies. Those present were encouraged to support CCBRT's work and both CCBRT's CEO and Hon. Dr. Slaa, CCBRT's President of the Board, underlined the need to support people with disabilities. The Guest of Honour at the event was Mr. Samuel Sitta, Patron of CCBRT.
- An Ambassador's Breakfast on 21 April was an opportunity to discuss the need for improved maternal and newborn healthcare services, and to present CCBRT's projects. The American, German, Japanese, EU, Irish, Danish, Belgian Ambassadors to Tanzania and the Canadian High Commissioner along with a representative from the Swiss Development Cooperation attended the breakfast and toured CCBRT's premises to learn more about its work.
- H.E. President Kikwete attended CCBRT's partnership celebration on 11 June, held to thank local companies for their pledges of support for BMH. Over \$300,000 USD was pledged during the evening. For details of those who gave their support to BMH in H1, see Annex 4. Over 60 per cent of the pledges made during the evening had been received at the end of 2010.
- CCBRT staff joined Standard Chartered Bank Tanzania Ltd. on 16 July for a 3km blind-folded walk through the centre of DSM to raise awareness about preventable blindness. The event coincided with The Great City Race in London, an annual date in SCB's Seeing is Believing campaign. Free eye screenings were given outside the bank by CCBRT's eye department.

H.E. President Kikwete supports Baobab Maternity Hospital

On 11 June, CCBRT hosted a corporate fundraising evening in Dar es Salaam. At the event, companies in Tanzania were asked to make a pledge towards the construction and equipping of the postnatal care department of the future Baobab Maternity Hospital. H.E. President Jakaya Kikwete attended as Guest of Honour and underlined the need to support the new maternity hospital.

The event was also attended by Mrs Blandina S.J. Nyoni, Permanent Secretary at the Ministry of Health and Social Welfare, and Hon. Dr Willibrod Slaa MP, President of the board of CCBRT. High-level representatives from 21 significant companies in Tanzania attended the evening. Over 300,000 U.S.D. was raised.

“I would like to take this opportunity to congratulate CCBRT for their provision of services to all people all across the country at affordable rates and very high quality.....I would like other organisations to emulate this exemplary example of CCBRT.”

H.E. President Dr Jakaya Mrisho Kikwete

2.1e) Kupona Foundation

CCBRT's foundation in New York, Kupona, was founded in 2009 to support CCBRT's fundraising activities. 2010 was a busy year for the foundation with a focus on relationship building, networking and awareness raising. During the course of the year, more than 85 distinct gifts were made to Kupona by individuals, private foundations, and companies and the total transferred to CCBRT in 2010 was \$100,000. Four events were held for Kupona this year, both informational and fundraising, at the homes of Advisory Board members, Kupona Board members and a legal firm. All of these events were well attended and served to broaden the scope of Kupona's network and to strengthen relationships with potential donors.

The Kupona Board was joined by two new members in March and a new Advisory Board was also created. This now includes six members who serve as a fundraising committee for the organisation.

2.2 Advocacy

CCBRT's advocacy unit aims to promote disability inclusive development in Tanzania and empower people with disabilities (PWD) to exercise their rights. It carries out activities to raise awareness of disability and lobby the government, provides capacity building for disability organisations and facilitates the development of a coordinated and collective approach to inclusive development. It also provides training and advice to organisations interested in including PWD in their organisations as employees, service users, and/or beneficiaries. To support these interventions and generate evidence, the unit carries out research activities and surveys. The first full year of activities demonstrated that there is great potential in the provision of professional disability support services to companies, service providers and development organisations. CCBRT will develop such services further during 2011.

2.2a) Research & Surveys

Education: Education research focused on methods used to collect data on children with disabilities (CWD) and enrolment, retention and completion rates. The findings of the education research indicate that the enrolment of CWD in primary schools is still low. In the six districts visited, the enrolment of CWD was just 0.5 per cent. In some schools, data was missing particularly for retention and completion, making it difficult to establish the rates for CWD. It was also found that there are no common, clearly defined methods for data collection and reporting the data, which affects its quality. The research team involved representatives from the Ministry of Education and Vocational Training, DPO network organisation SHIVYAWATA members and experts from the University of Dar es Salaam to ensure the maximum relevance of the research. During an initial feedback workshop with education stakeholders, steps to improve access to education for CWD were agreed along with reporting mechanisms to support government planning and budgeting.

Employment survey: The employment survey assessed the employment rate of PWD, the types of jobs they undertake and the level of awareness on the laws overseeing disability issues in relation to employment. 126 companies in Dar es Salaam with over 25,000 employees were surveyed. CCBRT and Radar Development jointly conducted the survey in partnership with the trade union TUICO, and SHIVYAWATA. The analysis of the data from the survey was finalised in November. 54 per cent surveyed did not employ any PWD and only six per cent met the legal requirement (i.e. in companies of more than 20 employees, three per cent must be PWD). The survey showed that there is little awareness of disability in general, the value of PWD as employees or of the relevant legislation. Less than 10 per cent was aware of the Persons with Disabilities Act 2010. Furthermore, the 1982 Act and related regulations were new to 66 per cent of the surveyed companies. The continued data collection for the employment survey confirmed the positive impact of the exercise on raising awareness within the surveyed companies. CCBRT will use survey-type of interventions in the future to collect data and to simultaneously create awareness, understanding and knowledge of disability issues.

Elections: To support the lobby for more inclusive election processes, CCBRT carried out a survey among 100 PWD who participated in the election processes (campaigns and on the election day) in Dar es Salaam in October. The aim was to collect experiences and assess the level of implementation of various measures to improve accessibility. Whereas some improvements were made, physical accessibility and access to information remain barriers to equal participation in elections processes.

2.2b) Lobby for mainstreaming disability

The outcomes of the research project and surveys will inform lobby strategies on inclusive education, the employment of PWD, and their participation in election processes. The exercise of data collection and various other initiatives were valuable in building relationships with stakeholders and generating interest in disability-inclusion among those from non-disability sectors.

Employment: After receiving further information on the added value of employing PWD and often minor adjustments to be made in the work place, companies involved in the survey responded positively and were willing to recruit PWD when vacancies arise. Lack of awareness of the abilities of PWD was the most common barrier to their employment. During, and shortly after the survey, six companies made enquiries with Radar Development and three PWD found employment.

Elections: The national general election took place in October 2010. CCBRT participated in various events and undertook a number of initiatives to lobby for improved access for PWD:

- Participated in a meeting with disability organisations and UNDP to identify and discuss the barriers to the effective participation of PWD in election processes.
- Attended a meeting between the Chairman of National Electoral Commission and disability organisations to provide recommendations areas needing improvement. As a result, some areas were improved: handling of PWD in the polling stations; priority lanes; preparation of a guide on the participation of PWD in elections in normal print and Braille; preparation of tactile ballot papers and the use of sign language in TV programmes.
- CCBRT organised a live television discussion on the participation of PWD in the election.

The participation of PWD in election processes was given a lot more attention than during previous elections and concrete actions were taken to ensure more equal participation. PWD experienced improved access to information on the election and the voting process. As mentioned above, CCBRT collected views from 100 PWD in order to learn from their real life experiences and make a follow-up for further improvements.

School WASH: CCBRT continued to be involved in the School WASH partnership. CCBRT was asked to be part of the Technical Working Group on School WASH to ensure that disability matters continue to be addressed. The draft National School WASH Guidelines and Toolkits for

Tanzania have technical designs, materials for teachers to improve their hygiene teaching and guidelines on management and governance systems. The pilot phase started during the last quarter of 2010 and will continue during 2011. A range of organisations will pilot the guidelines across Tanzania with support from the Government. The School WASH initiative is an excellent example of how disability can be mainstreamed. The case study that was developed will assist in spreading this message.

Training and awareness raising: CCBRT was invited to train 15 journalists from about 10 different media organisations on disability awareness and equality. The training was well-received. Follow-up is needed to develop a proper disability language guide in Kiswahili.

Various media interventions supported awareness creation around disability issues based on the International Day of Persons with Disabilities on 3 December:

- A two-page supplement on disability (40,000 copies) was printed in major English and Kiswahili newspapers on 3 December.
- CCBRT staff members joined the celebrations that took place in Dodoma, Dar es Salaam, Tanga and Moshi and provided support. The celebrations included gatherings, exhibitions and other awareness raising activities.
- The CCBRT Disability and HIV/AIDS team provided free HIV/AIDS voluntary information, testing and counselling that was accessible to all.
- The popular, or simplified, Kiswahili version of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) was distributed in schools, disabled people's organisations (DPOs) and other relevant stakeholders.

2.2c) Capacity building

The focus for the second half of 2010 was on developing skills for promoting disability inclusion. A two-day disability equality and awareness training by a professional trainer from an Irish disability organisation involved 20 participants from various DPOs and disability organisations. The same participants attended a one-day 'training of trainers' to learn techniques for effective delivery. This provided the participants with sufficient skills and confidence to deliver the training sessions focusing on disability awareness and reasonable adjustment to accommodate PWD for companies and other organisations. A core team from CCBRT and Radar is in place to deliver the trainings and a basic training pack is available. The trainings were also useful in the development of a 'National Disability Mainstreaming' strategy, focusing on the government, by SHIVYAWATA and its member organisations.

An intern from the Netherlands supported the team in collecting profiles of 27 DPOs and disability organisations, including the identification of capacity needs. Most organisations indicated the need for assistance in strengthening fundraising skills.

5,000 copies of the popular version of the UNCRPD were printed. So far 2,671 copies of the publication have been distributed to various stakeholders including individual PWD, DPOs, NGOs and educational institutions such as primary schools. This version of the UNCRPD has reached PWD and disability organisations all over Tanzania. Another NGO active in education and governance has re-printed the document which shows that the publication is of high quality and there is interest in making people aware of disability matters.

2.2d) Best practice development

The sharing of experiences and findings is done on an ongoing basis whenever an opportunity arises. Some specific efforts showing the progress towards achieving this result:

- CCBRT developed one case study on disability and school WASH in collaboration with UNICEF.
- The re-printing of the UNCRPD popular version as mentioned above implies that many more stakeholders will have access to the information.
- One advocacy officer attended a four-day conference on inclusive education in Mombasa, Kenya, in which 17 countries participated. The conference was organised by Enabling Education Network, which is a global information sharing network. The participation has resulted in the broadening of the network beyond Tanzania.

2.3 Visitors

Throughout 2010, CCBRT was visited by many respected and very welcome guests. UN Deputy Secretary General Dr. Asha-Rose Migiro visited on 2 August, having chosen CCBRT as an exemplary project. The visit attracted significant media interest and CCBRT was honoured by Dr. Migiro's interest. Others received by CCBRT include a delegation from UNFPA led by UNFPA Goodwill Ambassador Yuko Amrimori; local celebrities Lady Jay Dee, who visited on several occasions, and Banana Zorro; Baroness Ashton, the EU's High representative for foreign affairs; a German delegation including the German Minister for Economic Cooperation and Development, Mr. Dirk Niebel; Hon. Mr William Lukuvi, MP, Regional Commissioner of Dar es Salaam. We have also enjoyed visits from many of our partner organisations and corporate supporters including staff from CBM offices worldwide and teams from Vodacom, Tigo and other corporate partners.

3.0 Maternal and Newborn Healthcare and Baobab Maternity Hospital

2010 was a significant year for CCBRT's maternal and newborn healthcare programme. Construction of Baobab Maternity Hospital has yet to commence, but extensive fundraising efforts throughout the year have shown positive results and the capacity development phase of the project, funded by the EU and CBM, has been launched with great success and impact. Additional partners have come on board to support the capacity building effort allowing for amplification of the outcome. The year was also marked by the revision of construction plans, alterations to the budget and the expansion of the BMH development team. The detailed technical and engineering design has commenced and will be completed in May 2011 and the environmental impact assessment will also be undertaken in early 2011. The project team has acquired the building permit and the design phase, consultancies and building advisory support for the establishment of BMH has been financed by the Swiss Agency for Development and Cooperation.

3.1 Phase I: Capacity development programme

This initial phase has gained momentum in 2010, particularly in H2. Activities were implemented by a team from the regional health office and representatives from each municipal health management team together with the CCBRT technical advisor. All activities were planned, implemented collaboratively and on completion feedback was given to each level of leadership, to foster engagement and sustainability.

Following approval of the tools and training curricula from Ministry of Health and Social Welfare (MoHSW), baseline quality assessments were implemented by the team, with support from JHIEPGO who are the lead maternal and neonatal healthcare partner for the MoHSW. Specific activities that have taken place in 2010 are summarised below:

Improvement of Infrastructure: The renovation of existing public facilities supported by the EU/CBM grant to improve the service provision has progressed. In 2010, plans for the renovation of the operating theatres at Amana and Vijibweni hospitals were finalised with architectural designs, demolition plans, and tender documents drawn up. Seven companies were invited to tender for the work and contracts awarded. The renovations include: the expansion of operating theatre space; the establishment of one operating theatre for obstetrics; the establishment of a permanent water supply in the maternity ward by refurbishing the water tank; and the improvement of a space for a care and treatment centre for HIV/AIDS patients at Vijibweni to create critical space for maternity care and deliveries.

Further assessments with the hospital health management team and the team of architects have been conducted at Mwananyamala and Temeke hospitals, where renovations will be carried out to improve work flows for increased efficiency and space creation aligned with

infection prevention standards. CCBRT's zonal workshop has completed assessments and requisitioned spares and, following the signing of an MoU with the regional health office, have commenced repairs of equipment to promote maternity and newborn services.

Procurement: The acquisition of medical equipment is vital to building capacity in the nine target maternal healthcare facilities. In December, a container from Europe was shipped to Dar es Salaam and is expected to arrive in early 2011. Equipment to the value of 400,000 Euro includes: operating tables; operating theatre lights; caesarean section sets; vacuum extractors; resuscitation tables; delivery beds; gynaecological chairs; laboratory equipment; and other essential medical equipment. Equipment for Basic Emergency Obstetric Neonatal Care (BEMoNC) training was also purchased and delivered: this comprises obstetric and neonatal manikins to support clinical simulations during the trainings. Additional funding was secured to improve infection control at the target facilities. Items ordered in December include: hand washing stations; alcohol dispensers; drapes; goggles; and theatre boots. The items will be distributed in 2011.

Training: A skilled midwife is the key to reducing maternal and newborn death and preventing fistula. CCBRT's maternal and newborn healthcare programme has a great emphasis on training both service providers and leaders from the nine target facilities.

Standard Based Management and Recognition (SBMR) training: In July, three days of training in SBMR took place in collaboration with the Regional Health Management Team and JHPIEGO. A total of 25 staff (midwives, clinical officers, in-charges, laboratory and pharmacy staff, and the district medical officer) were trained on the expected national standards for maternity and newborn care and support systems. This was followed by assessments of the nine facilities using the national tools and checklist. Following these assessments, each facility developed a quality improvement action plan and began implementation. Quality improvement teams have now been established and meet monthly to report on progress and in some of the facilities' budgets now include a line for the quality improvement teams so as to ensure the sustainability of their work. Further training in this area will take place in early 2011.

Basic Emergency Obstetric and Neonatal Care: In November and December, two trainings in BEmONC were conducted in collaboration with the Regional Health Management Team and JHPIEGO. The residential courses, each two weeks in duration, complied with the latest MoHSW training curriculum and were conducted by national trainers. It was a competency based training using multiple teaching methodologies, including interactive presentations, videos, role plays, case studies and skills practice using manikins, with a standardised checklist through which emergency drills were practiced. This was followed by a week of clinical practice at Amana hospital maternity ward. A total of 52 midwives and AMOs attended the training, which focused on developing and maintaining the knowledge and practical skills necessary to handle and prevent the top causes of maternal and newborn death, identify those at risk of obstetric emergencies and to manage emergencies when they arise. Topics included were: bleeding

during pregnancy; pre-term labour; foetal monitoring; post-partum haemorrhaging; forceps and vacuum delivery and other emergency conditions. Following the training, an emergency skills drill is in place. Trainees will receive follow up mentoring visits in early 2011. Continued medical education has also been implemented with the support of a volunteer and this will be expanded in 2011. Following the trainings, each facility developed an action plan to implement lessons learnt and disseminate the knowledge gained.

White Pupil Campaign: In November, 70 maternity ward and paediatric nurses received one day of training in two stages on the prevention and early detection of impairments at CCBRT. The content was designed by CCBRT medical staff with the aim being to provide staff with the expertise to prevent and/ or identify impairments at the initial stage and to refer newborns with impairments as early as possible to a suitable health facility. Trainers included CCBRT staff and staff of the Ocean Road Cancer Institute. A parallel training was conducted at KCMC in Moshi. Booklets summarising the training content were distributed.

Establishment of Training Centre and Skills Laboratory: In October, funding was secured to renovate an existing hall, Anna Abdallah, into a training centre and skills laboratory. The training centre will comprise a skills laboratory, a training/ meeting hall, and a computer room and will be used for a range of training activities. It will also be available to hire by partners. The conversion commenced in December and will be completed in January 2011. The skills lab will have obstetric and newborn training manekins purchased through the EU with top up funds from UNFPA. It aims at promoting competency and the practice of emergency drills through simulation.

3.2 Phase II: Construction of Baobab Maternity Hospital

Following amendments to the original architectural plans in H1, the final design of BMH comprises six building blocks of two storeys each. BMH will now comprise:

Medical departments: obstetric wards - 78 beds; gynaecological ward - 34 beds; neonatal ward - 110 cots; delivery ward - 12 beds; recovery beds/intensive care unit - 6 beds; operating theatres – 6; reception and outpatient dept. - 12 consultation rooms; private clinic - 4 consultation rooms/ 20 beds/ a maximum of 8 suites available for deliveries.

Support facilities: Maternity waiting home; laboratory / imaging departments; blood bank; central sterilising unit; hospital equipment maintenance workshop; main store; kitchen; decentralised waste water treatment plant; service yards (laundry, incinerator, medical gases); morgue.

With the planned facility, the maximum capacity of BMH will be 78 deliveries per day. CCBRT, however, currently aims to reach around 40 per day. In addition, BMH will be able to cater for 500 premature babies per year, 3,100 additional babies with complications and

over 3,600 healthy newborns. The private clinic will have the capacity to deliver a maximum of 14 babies per day.

4.0 Disability Hospital

4.1 Overview

In 2010, CCBRT carried out a higher number of operations than in any other previous year, with 10,575 across the eye and rehabilitation departments. 99,480 consultations were achieved throughout the year and all departments performed well. CCBRT's commitment to ensuring that we reach more and more of those in need of treatment across the country has significantly increased patient numbers in key areas, namely VVF and cleft lip/palate. Particularly successful has been the mobile outreach team's effort on expanding CCBRT's network of 'ambassadors' across the country, which resulted in many more referrals in 2010.

2010 was a year of success and change for the disability hospital (DH), with many new developments and innovations designed to consolidate its work with the poorest of the poor and to expand its service delivery to private patients. The refurbishment of CCBRT's private clinic, completed in late 2010, was designed to increase revenue through patients and is a cornerstone of our strategy to enhance financial independence and sustainability. In addition, the new 'business class' service available to middle-income earners has successfully attracted many new patients to DH.

The incentive scheme introduced for Assistant Medical Officers (AMO) in H1 has continued to motivate staff well and waiting times for patients have been significantly improved as a result of the triage system which was designed to ensure that all patients are seen on any given day. The system works by assessing exactly who the patient needs to see before consultation depending on the severity of their condition. The anaesthesia department has benefitted from ongoing training by its head and is adhering to World Health Organisation (WHO) standards and procedures which have improved efficiencies and ensured that CCBRT is complying with international standards. The new anaesthesia machine, purchased in H1, has yet to be delivered but is expected in early 2011. A second machine may also be purchased in the near future. Challenges with stock control have been met with improved systems and staff training.

Following the exercise in January by an economics graduate to accurately cost DH's main operations (cataract; congenital cataract; clubfoot; Ponseti treatment; VVF; and cleft lip), CCBRT has been able to allocate both direct and indirect costs to the appropriate cost centre in 2010. This has made financial reporting more precise and has enabled CCBRT to be fully transparent in communicating surgical costs to patients and partners.

CCBRT DH has six operating theatres and 210 staff members including 22 full time doctors (eight rehabilitation, 11 eye and three anaesthesia doctors).

Quality and Safety: CCBRT strives to work to the highest levels of quality and safety for both

those it serves and all its staff members. In order to ensure that this is carried out in practice, a technical advisor for quality and safety was recruited internally and started the new role on 1 August. The quality and safety unit is charged with establishing protocols and guidelines for all DH departments and has been working closely with hospital management and staff to develop comprehensive quality and safety procedures in line with MoHSW recommendations. The prime focus is on the prevention and control of infection.

Following research into international best practices in this area, assessments and audits in DH, and in close collaboration with DH staff, a quality and safety manual was developed in H2 and will be rolled out fully in early 2011. It contains guidelines and checklists in key areas such as cleaning and hygiene practices and the management of healthcare waste. 10 wash stations in DH have been fitted with new soap and disposable towel dispensers and a new incinerator has been ordered. Each department of DH will receive a copy of the manual, and a quality and safety committee will be formed to strengthen implementation. Training has taken place and further sessions will be held in 2011 to consolidate the improvements. An assessment tool has also been developed to facilitate the monitoring process.

In addition to the above, the unit recommended the immunisation of all DH staff in contact with patients against hepatitis B. CCBRT subsequently organised the immunisation of 170 staff. Further works in progress include evacuation plans for patients and staff in the event of fire and the training of a fire safety committee.

The quality and safety unit has also supported the BMH team in assessing the medical equipment needed in different facilities and has helped to develop equipment lists for nursing care.

Staff changes: Following the retirement in January, of its long serving head, Dr. Mark Wood, and the subsequent return to the U.K of his replacement, the eye department has been under the management of a Tanzanian doctor since June. A new eye doctor from Scotland took over paediatric eye care until early 2011. One of the eye doctors retired from the general eye department to offer his experience to the private clinic in H2.

The educational sessions that commenced in H1 continued throughout the year, delivered to patients on a daily basis by CCBRT's health educator. The sessions are designed to inform patients and their caregivers about disabilities, eye diseases and HIV/AIDS. Such activities enable CCBRT to educate people more broadly about health related issues and maximise the contact that we have with those who come to DH. For children who are in the wards recovering from surgery, daily educational activities such as maths, art and physical education classes are also held.

4.2 'transportMYpatient' – mobile phone technology brings patients to DH

CCBRT's 'transportMYpatient' initiative was set up at the very end of 2009 in order to tackle one of the main barriers facing patients in accessing CCBRT's services: the cost of transport. Other barriers include cost of treatment itself and lodging. The focus of our efforts have been on women with VVF and children with cleft lip/palate and, in 2010, our success in reaching such patients as a result of this initiative has been outstanding.

Since the beginning of 2010, CCBRT has been using Vodafone M-PESA, the money transfer system which enables the sending of funds through a simple SMS to anywhere in the country provided that an M-PESA agent is nearby. With funding for transport costs provided by UNFPA, this meant that, in 2010, CCBRT was able to directly challenge the barrier of transport costs to offer fully funded travel to DH. The scheme also involves the use of 'ambassadors', a network of designated community-based volunteers across the country who are charged with awareness raising, identifying and referring patients as well as collecting the transferred money and purchasing the necessary travel tickets.

Concerted efforts by the mobile outreach (MO) team, particularly in H2 when a road trip was conducted to recruit a wider network of 'ambassadors' and to educate them in their new role, have resulted in the growth of the initiative and CCBRT now has 54 active 'ambassadors' in the field with many more expected to make referrals in the near future. In total, 244 'ambassadors' have been recruited on a voluntary basis and have been provided with the information required to identify and refer those in need of treatment. On 16 December, 30 of CCBRT's 'ambassadors' from 15 regions of Tanzania came to CCBRT to celebrate their achievements and learn more about the conditions that they are helping us to treat.

As can be seen in the 2010 statistics for VVF and cleft lip/palate, the impact of this innovative application of mobile phone technology has been considerable: a total of 239 patients were referred and transported to CCBRT via this system in 2010 (129 with VVF and 110 with cleft lip/palate). Total VVF surgeries at CCBRT were 65 per cent higher in 2010 than in 2009 and those for cleft lip/palate showed a 287 per cent increase.

CCBRT's commitment to accessing the poorest of the poor in need of treatment, and its use of mobile phone technology to achieve this goal, has attracted substantial media interest throughout 2010 but, more importantly, has demonstrated what can be achieved when technology is used to overcome challenges.

4.3 Consultations, surgeries, therapy and assistive devices

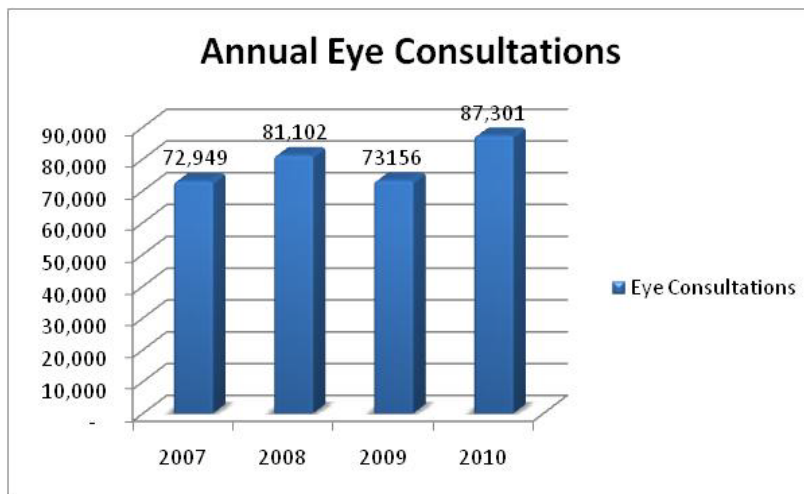
4.3a) Consultations

Eye department

Overview

- 87,301 consultations and examinations
- 60,314 new patients seen
- 5,116 patients seen at low vision unit

The eye department achieved over 87,000 eye consultations in 2010, exceeding the annual target of 80,000. This was a positive achievement in a year in which the department underwent several changes in management.



Rehabilitation department

Overview

- 12,179 consultations
- 7,579 were for plastic/ reconstructive and other orthopaedic problems
- 556 were for VVF

The rehabilitation department had a busy year in 2010, particularly as a result of increased awareness raising activities around VVF and cleft lip/palate and due to media activity. The department also treats conditions such as clubfoot, bow legs, knock knees and other congenital conditions as well as providing plastic surgery for burn scar contractures. Focus remains on early identification and presentation as many impairments are treated more successfully if a

child receives medical care at an early stage. All children under the age of five years are treated for free at CCBRT, with the aim of encouraging parents to bring their children for treatment at an early age.

The total number of consultations achieved by our rehabilitation staff in 2010 was nine per cent lower than in 2009. This is due to a focus on identifying patients with particular conditions (namely cleft lip/ palate and VVF) and also due to the MO increased field-based activities which mean that more patients are able to be seen near their home locations.

Focus on VVF: CCBRT has made a concerted effort to tackle the barriers that prevent many women living with VVF from accessing the services and treatment available and had considerable success doing so in 2010, performing a record number of VVF surgeries (268 throughout the year compared with 162 in 2009). We have been supported strongly in this effort by UNFPA, with whom we partnered throughout 2009. The main barriers that exist are: the cost of transport, lodging and treatment, and the social stigma attached to, or lack of awareness of, the condition which prevents many women living with fistula from coming forward for treatment. Free accommodation and treatment at CCBRT have removed two of these barriers.

The final cost barrier – that of transport to and from CCBRT – has been successfully overcome with the innovative use of Vodafone M-PESA money transfer system through CCBRT ‘ambassadors’. In 2010, 129 of the 268 women treated for VVF at CCBRT were referred in this way and a VVF hotline, set up in late 2010, has resulted in a large number of VVF related enquiries.

CCBRT was joined by the leading female Tanzanian singer, Lady Jay Dee, in its fight against VVF following a press conference on 12 October. As CCBRT’s first ‘hero for women with fistula’, Lady Jay Dee will facilitate greater awareness raising through her media and music networks and has pledged to encourage others to also become heroes by referring more women with fistula for treatment at CCBRT. As a regular performer and Tanzanian celebrity, Lady Jay Dee has extensive access to media and is also able to convey messages to her audiences. She also writes about her involvement with CCBRT on her blogspot, <http://ladyjaydee.blogspot.com>.

Awareness raising activities have continued as planned. Throughout the year, 134 radio spots with specific mentions of VVF were aired across Tanzania and CCBRT staff distributed flyers and posters about the VVF services in schools, health centres, mosques, churches and local government offices in and around Moshi town and Dar es Salaam. Around 11,350 posters were distributed in the outreach stations, during awareness creation sessions both in and beyond Dar es Salaam, and during ambassador network-building trips. About 8,000 flyers were distributed during roadshows in Dar es Salaam and 500 VVF posters were given to a group of 40 Form Four leavers sponsored by Academy Education Development to support the identification and referral of those in need of treatment.

4.3b) Surgical treatment and medical services

Eye department

The following table sets out the total number of eye operations performed by CCBRT in 2010, combining the work at DH, the Private Clinic, and mobile outreach. A breakdown of Private Clinic and Mobile Outreach work can be seen in the relevant sections.

Overview

- 8,747 operations
- 4,234 operations were for cataract in adults
- 914 eye operations were on children (426 for congenital cataract)

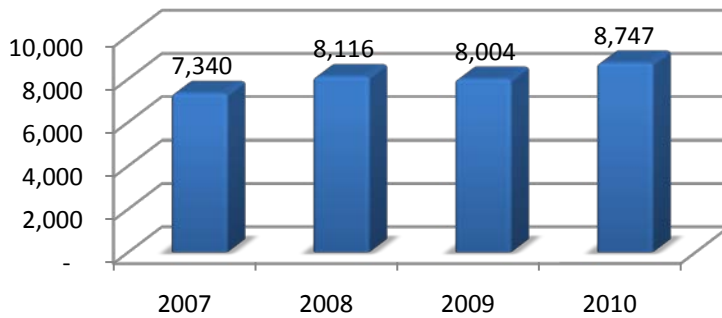
2010 was a successful year for the eye department, with total operations exceeding those of last year. The annual target of 8,000 operations was exceeded by eight per cent. CCBRT is proud to offer retinal surgery, a complex sight-restoring operation, placing the eye department at the forefront of leading eye specialists in East Africa.

Eye Department Operations 2010	Number (2010)	Full year target	% of target reached
Cataract child	426	400	107%
Cataract adult	4,234	4,000	106%
Other operations child (i.e. excisions)	488	N/A	
Other operations (of which retinal surgery)	3,599 (217)	N/A	
Total	8,747	8,000	108%

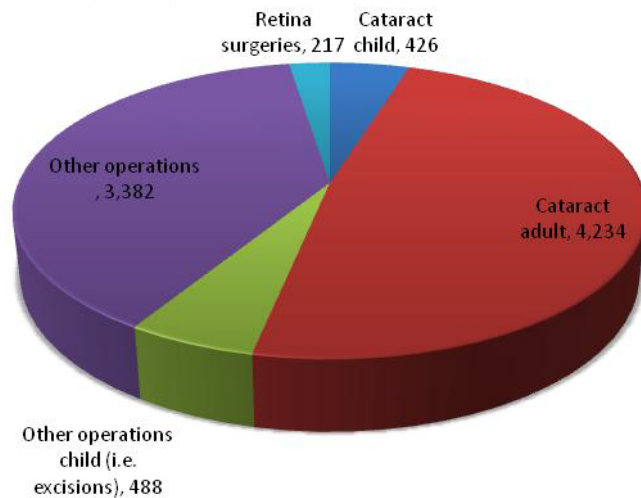
Artificial eyes

The number of artificial eye clinics held by CCBRT increased from two to three per week in the second half of the year due to growing demand. Artificial eyes are fitted at two hospitals in Tanzania but only CCBRT has the expertise to create a pigment that closely matches the natural colour of the eye. The waiting list for the clinic is growing.

Annual Eye Operations



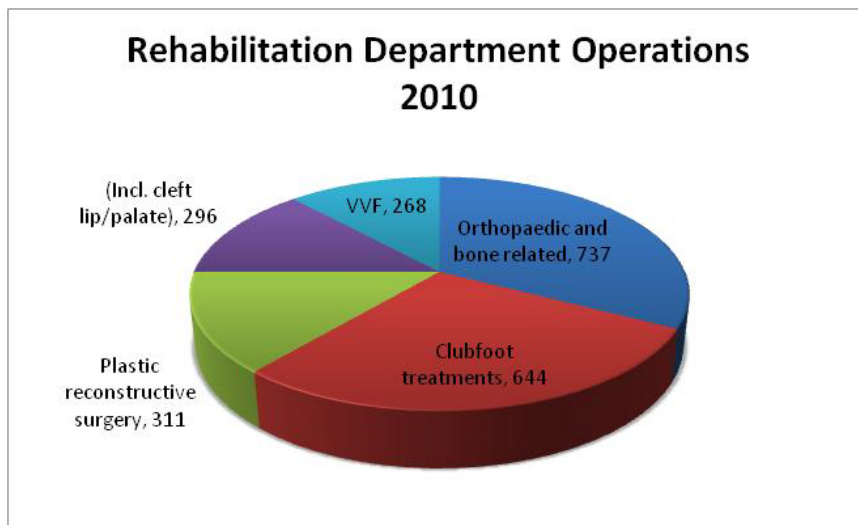
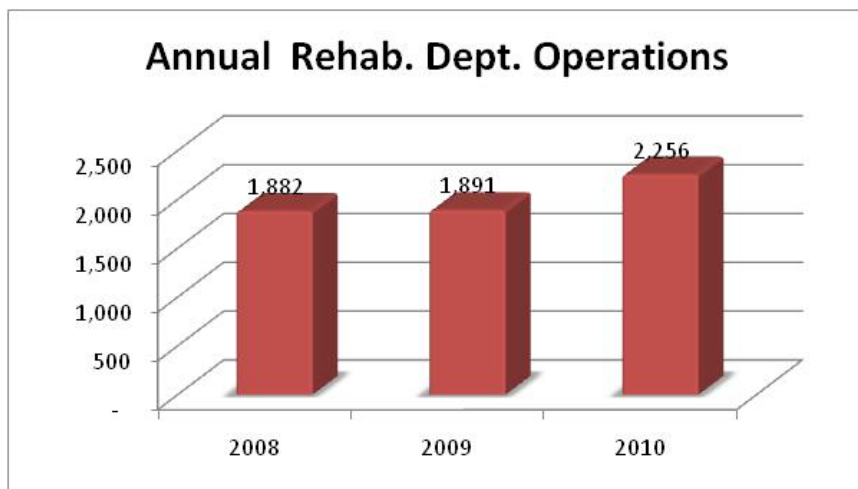
Eye Department Operations 2010



Rehabilitation department

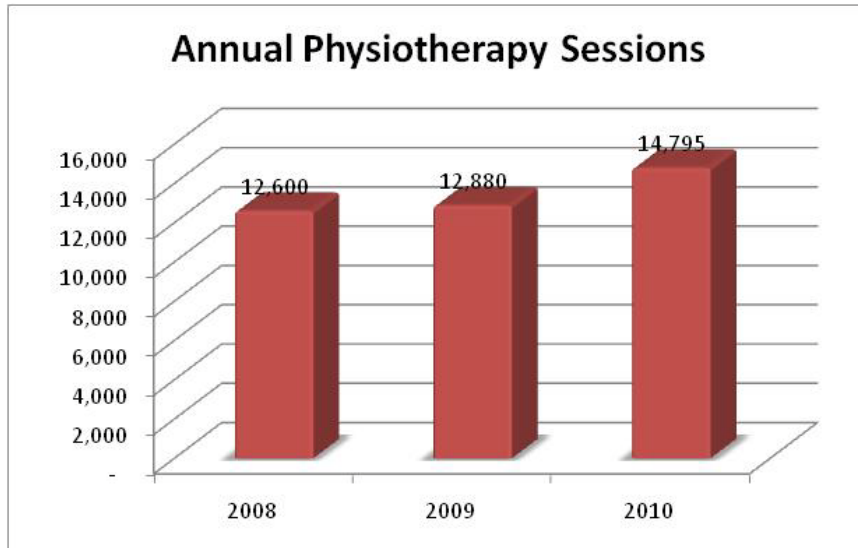
2,256 life changing surgeries were carried out by the rehabilitation department in 2010, which is 20 per cent higher than in 2009 and exceeds the annual target by 25 per cent. The impact of 'transportMYpatient', the 'ambassador' network, and awareness raising activities is particularly evident in the rise of cleft lip/ palate surgeries: 296 were performed in 2010 compared with 106 in 2009, and all are free of charge. 52 per cent of surgeries were for children under the age of five, who receive all treatment free of charge. 25 per cent of surgeries were for children aged between six and seventeen years.

Rehabilitation Department Operations 2010	Number (2010)	Full year target	% of target reached
Orthopaedic and bone related	737	500	147%
Clubfoot treatments	644	600	107%
Plastic reconstructive surgery (Incl. cleft lip/palate)	607 (296)	450 (200)	135% (148%)
VVF	268	250	107%
Total	2,256	1,800	125%



4.3c) Para-medical treatment

Physiotherapy: 14,795 physiotherapy sessions were held in 2010, most for the regular treatment of children with cerebral palsy to improve mobility, positioning and coordination. 952 were new patients and 343 were private patients.



4.3d) Assistive devices: prosthetic and orthotic unit

During the year, CCBRT's prosthetic and orthotic unit (POU) manufactured 1,883 assistive devices. This is 82 per cent of the annual target of 2,300, which is slightly below our target for the year of 2,300 devices. The top three appliances made were special foot abductor braces, which help keep clubfeet in the correct position following treatment (395), long leg posterior shells (142) and clubfoot splints (156). In the first half of the year, the POU started the production of hinged ankle-foot orthotics which facilitate greater flexibility of movement.

The POU has benefited greatly from the exposure visits to Europe conducted by its manager in 2010. In May, he travelled to Switzerland and Germany to gain experience in the management of diabetic feet and the production of fore-foot prosthetics. Between 10 and 15 May, the POU manager attended a congress organised by the International Society of Prosthetics and Orthotics where he presented a paper on the outcome of Ponseti in the treatment of clubfoot. The unit's services were also boosted by the donation of a heavy duty shoe making machine and a vacuum machine for the fabrication of prostheses. These were generously given by Professor Rene Baumgartner (MD), a consultant orthopaedic surgeon from Switzerland who visits CCBRT each year and who supported the POU manager's trips to Europe.

Improvements in quality have been driven by the guidance of the International Committee of the Red Cross (ICRC), who assisted in the development of a quality checklist. This was

implemented in April, along with on-the-job training which provided staff with the skills to effectively assess the quality of devices and to ensure that prescriptions given to patients are appropriate to needs. In addition, a series of health and safety signs was introduced with ICRC guidance to ensure that the staff in the workshop minimise hazards and reduce the risk of accidents. These developments have been implemented effectively in 2010.

4.4 Private Clinic

CCBRT is committed to serving the poorest of the poor and, in order to do this, seeks new ways of securing finances internally. The challenging economic climate, and CCBRT's focus on financial sustainability through increased internal income generation, led to the extensive refurbishment of the private clinic in September 2010. It now offers wealthier patients a large air conditioned waiting room with flat screen TV, eight private rooms with 24-hour nursing care, air conditioning, en-suite toilet facilities, a choice of freshly cooked food and Wi-Fi connection. Four of these rooms also offer television and a waiting area for relatives.

Surgery takes place in CCBRT's existing operating theatres, some of which have also recently been renovated to adhere to international standards. The clinic offers a wide range of services including eye consultations, treatment and surgery with an on-site optical centre for eye tests and glasses or contact lenses. It also offers plastic reconstructive surgery, orthopaedic surgery such as knee and hip replacements, physiotherapy, speech and language pathology and it introduced Ear, Nose and Throat (ENT) consultations and treatment for the first time in November following the training in India of a Tanzanian specialist who is supported every quarter by a visiting doctor from Nairobi. The ENT clinic runs twice a week for two hours each session, and attracted close to 50 patients in the three weeks it was running in 2010. Further expansion is planned for 2011 with the opening of a private physiotherapy service and a high-end optical shop selling designer brands and a range of contact lenses.

A manager for the private clinic was recruited in mid November and has made good progress in terms of creating awareness of the clinic's activities within the community and through other local healthcare providers. One significant development has been the building of relationships with private insurance companies and the signing of contracts with five (Strategis, AAR, NHIF, Jubilee Insurance and First Microinsurance Agency). CCBRT is now the preferred provider of both eye and orthopaedic consultations and operations for the clients of these companies. A substantial number of private patients have been referred as a result of these contracts and a new member of staff has been recruited to deal specifically with patients referred in this way.

Private Clinic 2010	Number (2010)
Fast track consultations	4,941
Private appointments	1,182
Fast track surgeries	292
Private surgeries	422

5.0 Community Programme

2010 was a successful and busy year for CP, following changes in management and structure in the H1. An assistant director for CP was then recruited externally and started work in May. In addition, the mobile outreach team was moved from DH to within the CP structure at the beginning of the year. This means that all clinics, screenings and referrals, as well as awareness raising activities, are undertaken by mobile outreach within the structure of CP. The transition has been smooth and the new structure is working effectively. Our Moshi programme continues to grow, with new collaborations and increased activities. Following the restructuring last year, all CP activities follow the WHO guidelines regarding CBR approaches.

A significant development in CP in both DSM and Moshi is the transition towards the increased use of 'ambassadors' to identify and refer patients. This is particularly important in rural and remote areas in which CCBRT does not have community rehabilitation workers. The recruitment of 'ambassadors' will further expand in the future. In Moshi, this change means that fewer outreach clinics have been conducted and the focus of activities in 2010 has been the weeks of intensive training of parents and caregivers. These trainings support community based rehabilitation efforts and place the onus on those living with, or caring for, PWD/CWD. Such activities make home-based care more sustainable and allow for greater independence.

Moshi's 'green' conversions, which comprise solar panels to generate power and to heat water and the use of sawdust briquettes rather than charcoal, continue to make the site more environmentally friendly and have reduced costs for the programme in 2010.

5.1 Awareness raising

2010 was a busy year for both the mobile outreach team and the communications team, with a strong focus on awareness raising in order to increase understanding of the conditions treated and to improve access to the services available. Throughout the year, radio airings, posters, flyers and community mobilisers have been used to reach those in rural locations and to encourage people to come forward when a CCBRT outreach clinic is visiting. With an expanding network of CCBRT 'ambassadors' across Tanzania, awareness raising is now ongoing at grassroots level in many communities.

Great progress has been made in 2010, with awareness and understanding of disability increased as a result of media work, endorsement by Lady Jay Dee, major events and the 'ambassador' network. However the ongoing challenge of accessing those in need of treatment continues, and CCBRT strives constantly to use creative methods of communication to encourage more patients to come forward directly or through referrals.

Awareness raising 2010

Radio

- 546 radio spots mentioning CCBRT services with an emphasis on VVF and cleft lip/palate on various national radio stations including: TBC Taifa; Radio Maria; Times FM Radio; Clouds FM; Radio Free Africa. Many of these airings were placed on upcountry stations including Sauti ya Injili, Ebony FM, Pride FM and Bomba FM. In Moshi, two radio spots on VVF and cleft lip/palate were broadcast each day for a five month period.
- A 15 minute interview with the mobile outreach manager on TBC Taifa on 3 March regarding the VVF Dodoma outreach.
- A two part feature on VVF with the mobile outreach manager and a VVF surgeon on TBC Taifa before the VVF Dodoma. Later in the year, a Clouds FM programme featured the CP Director talking about VVF.
- In Moshi, a live interview with Radio Maria and broadcasting on Radio Sauti ya Injili.

TV

- CP in Moshi enjoyed good publicity in a 30 minute documentary by Star Television recorded in 2009 and aired several times in January. The piece covered a week of intensive training at the House of Hope and featured physiotherapy and occupational therapy, education activities and appropriate seating devices.

Leaflets and posters

- From CP in Moshi, over 2,900 awareness raising posters and leaflets were distributed.
- From CP in DSM, around 11,350 posters and leaflets were distributed in 2010. Of these, around 4,500 were dedicated to VVF, and a similar amount to cleft lip/palate. Other posters related to general disability. In addition, over 10,000 flyers were distributed during roadshows and at support units around DSM.

Outreach events

- Over 12,000 participants have attended awareness raising campaigns in the DSM area. Leaflets were distributed at each. These are held once a month.
- Local artists performed and the adult blind band played at 12 events.
- Four sports days were held involving CWD from support units from the DSM area. A total of 1,200 participants took part.
- Daily educational sessions are provided to the public at DH.

5.2 Health: CBR, screenings, referrals, outreach and surgical outreach

5.2a) Community Programme Dar es Salaam

Having started as a CBR organisation, CCBRT continues to place a strong emphasis on community based work and, to this end, the services we provide to facilitate independent and sustainable rehabilitation are a central component of our work. In 2010, community based activities continued as planned and performance against targets was strong.

2010 saw the introduction of a clubfoot clinic, which started in March. Having acquired a van and fitted it to serve as a mobile workshop for the provision of appropriate devices and as a field-based clinic, CCBRT has achieved many successes in the community without the need for patients to visit DH. The van travels to two locations in DSM on a twice weekly basis and is staffed by two trained paramedics. During the course of the year, 60 clubfoot clinics were held and a total of 420 children were seen by CCBRT staff.

Other ongoing CBR work includes weekly eye screenings by specialist field workers and visits to reproductive child health clinics. Two eye screenings in schools during 2010 involved over 250 children.

Orientation and Mobility training: 17 managers and coordinators from Ghana, Tanzania, Kenya, Chad, Uganda and the Democratic Republic of Congo attended a month long training course in orientation and mobility (O&M) for people with visual impairments at CCBRT in October. This popular course, funded by the EU and CBM is run annually by CCBRT. The course is designed so that participants can then teach OM to blind adults/ adolescents and to use their new experiences to train other CBR workers back in their respective countries. Among the topics covered were eye diseases, the causes of blindness, HIV/AIDS and disability, how to teach use of the white cane and how to teach daily living skills for people with visual impairments, sighted guiding techniques, as well as education about community based rehabilitation. The course was very well received by the participants with one attendee commenting, "The trainers were cooperative, transparent, precise, kind, helpful, patient and ready to answer and explain every question; above all."

Community based rehabilitation	Number (2010)	Full year target	% of target reached
Home visits (of which CWD/ adult blind)	5,213 (3,692) (1,521)	3,250 (2,000) (1,248)	160% 185% 122%
Support unit visits	11,130	7,500	149%

Support unit sessions held	436	430	101%
Individual CWD clients	2,474		
Children provided with drugs for epilepsy	127	316	40%
Assistive devices for children with disabilities	284	460	62%
White canes provided for adult blind	118	120	98%

5.2b) Mobile Outreach

2010 was the first year in which mobile outreach sat within CP and its activities have continued to progress. Throughout the year, a stronger emphasis has been on expanding the network of ‘ambassadors’ in more remote areas of Tanzania and on building the capacity of local partners to both identify and to treat patients. This means that CCBRT’s work can have a wider impact in communities and is more sustainable. There have also been an increased number of surgical outreach trips, where operations take place at the nearby hospital, and these have proved to be extremely successful in 2010 with record numbers presenting.

During the year, a total of 23,431 people were seen by the mobile outreach team. Of these, 785

received treatment at DH and a further 1,806 had operations at collaborating hospitals. There were a total of 33 non-surgical outreach clinics and eight surgical clinics (two in Zanzibar; two in Mwanza; two in Kilwa Kipatimu; two in Kilwa Masoko, and one in Morogoro). In February, an orthopaedic outreach in Shinyanga resulted in 42 cases being referred to DH for treatment and a clinic in Mpwapwa brought 13 women with VVF to DH.

World Sight Day

World Sight Day, a day of global observance to bring attention to people with visual impairments and blindness, was marked on 14 October. CCBRT observed the day by organising four days of free eye screenings at two different stations around Dar es Salaam.

A total of 1,031 people came for screenings in the CCBRT tent and 90 of these were referred for treatment at DH.

The screenings were held in collaboration with Lions Clubs of Tanzania and CCBRT staff were joined by staff from Standard Chartered Bank who helped with administrative tasks.

New collaborations with St. Francis Designated District Hospital in Ifakara and St. Martin’s hospital in Kilwa Kipatimu have facilitated the geographical expansion of mobile outreach’s surgical work. The objective of these partnerships with local healthcare providers is to build the capacity of others to offer specialist services and to reduce the need for patients to travel from remote areas to DH.

Mwanza surgical outreach: Particularly successful was the eighth paediatric surgical outreach in

Mwanza in November, at which 458 patients were seen and 112 operations performed over a two week period. This was the busiest CCBRT clinic. Another 30 children seen in Mwanza were referred to DH, KCMC and Ocean Road Cancer Institute for further management. A seven strong team from CCBRT plus medics from KCMC and KCCO hospitals attended the clinic at Sekou Toure Hospital. The high attendance of patients was largely due to the support of mobile phone company Tigo, who funded most of the clinic and sent a bulk SMS to its subscribers in the area. In December, the surgical eye outreach in Zanzibar, based at Bububu Military Hospital, was also extremely busy with 290 patients seen. Of these, 26 received surgery on site and a further six were referred to DH for surgery. Due to the great success of six years of working in Zanzibar, mobile outreach has noticed a reduction in numbers presenting and the team is therefore looking at other areas in which to work.

CCBRT's collaboration with Kabanga Mission Hospital in Kigoma continues to be highly successful. Dr. Kabadi, the only cataract surgeon in a region with a population of some 1.6 million, has been supported by CCBRT with training and financial input, and has become indispensable to mobile outreach's work. In 2010, 813 eye operations were performed at the hospital: 136 per cent of the target set. Our satellite station in Tanga (Bombo hospital) has also improved its performance, carrying out 547 eye operations during the year.

Mobile outreach activities 2010	Number	Full year target	% of target reached
Total number seen	23,431	20,000	117%
Referrals to DH	924		
Operations at DH	785		
Total operations on surgical outreach	446		
(of which Ifakara/	93		
of which Kilwa	87		
of which Zanzibar/	74		
of which Mwanza)	192		
Operations at Kabanga hospital (Kigoma)/	813	600	136%
Bombo hospital (Tanga)	547	600	91%
Total surgeries outside CCBRT	1,806		
Total surgeries from outreach activities	2,591	2,000	130%

5.2c) Community Programme Moshi

2010 was a year of consolidation and success for CP in Moshi, where the focus has remained on CBR work with children. In addition, detecting women with VVF and children with cleft lip/palate has been an area of growth. However, rather than achieving this through often costly outreach clinics, in H2 the concentration has been on building an 'ambassador' network in the region: trainings for these community members started in July and 31 have now received training and are able to identify and refer those in need of treatment. Many are people with whom CP Moshi has previously worked in areas such as community mobilisation. This shift towards community-based referrals has enabled CP Moshi to put more emphasis on weeks of intensive training (WIT), during which PWD/CWD and their parents or caregivers are shown techniques for rehabilitation in the home and also look at ways to enhance their socio-economic lives. Such training reduces their dependency on others and improves the quality of life for all involved.

In H2, CP Moshi increased its delivery of WIT from two to three a month, with demand remaining high. Participants stay on-site in the hostel and the weeks are usually fully booked. Key topic areas in 2010 have been 'empowerment', 'social' and 'livelihood', which have been addressed more substantially with the support of local partners such as Kwico, KIDT, PEPFAR, D.Light and Kiwwakuki. In order to increase the involvement of fathers of CWD in the rehabilitation process, a special 'Father's Day' was held at CP Moshi in H2 at which fathers were informed about the services available through CCBRT and about CBR. It was a successful day with 49 participants and was crowned by the agreement of 48 men to receive voluntary counselling and testing for HIV/AIDS.

The House of Hope, CP Moshi's detection and referrals centre, received a total of 1,884 visits by 846 PWD in 2010, achieving its target of 500 by 170 per cent. In addition, partnering with the Northern Diocese of the Evangelical Lutheran Church in Tanzania, which has 12 Building Caring Communities centres (BCC) in and around Moshi, a further 119 individuals were seen during 92 visits. This is low against the original target of 484 visits, but reflects the transition towards a focus on House of Hope visits and WIT.

Community based rehabilitation	Number 2010	Full year target	% of target reached
Home visits	2,651	5,005	52%
House of Hope visits (individuals attending- new cases)	1,884 (749)	1,760 (500)	107% 249%
(individuals attending - follow up)	(97)		48%

BCC visits	92	484	19%
Dispensaries/ healthcare centres visited	76	88	86%
Children provided with drugs for epilepsy	73	N/A	
Children assessed at special seating clinic	147	110	133%
Appropriate devices delivered	102	110	92%

A particular success in 2010 was the collaboration with Motivation, TATCOT and KCMC that began in 2009 and has grown to enable CP Moshi to offer a unique service in the area through the onsite production of tailored appropriate seating devices. Such devices can make a vast change to the lives of CWD, their parents and caregivers by ensuring that a child is better positioned and enabling parents and caregivers to undertake other activities. 102 such devices were produced and delivered in 2010, and the workshop aims to increase activity in 2011.

Outreach clinics ceased to run out of CP Moshi at the end of June, the emphasis now being on the 'ambassador' network and WIT. In H1, nine of these clinics were held as well as 12 community clinics in the working area at which 555 PWD were seen. A further 132 were referred by 'ambassadors'. Through both clinics and referrals from 'ambassadors', those requiring treatment for VVF or cleft lip/palate in the Moshi area are referred to KCMC in Moshi, Selian Hospital in Arusha, or CCBRT in DSM.

In 2010, CCBRT field workers and 'ambassadors' identified and referred 27 women with VVF to KCMC, of whom 26 received surgery. A further 42 women were referred to Selian and have been treated: a total of 68 women therefore received life-changing surgery for VVF in 2010 as a result of our Moshi programme. In addition, 41 children with cleft lip/palate were detected. These children, with a further 16 who were identified at the end of 2009, received surgery in 2010, meaning that a total of 57 children with cleft lip/palate received surgery during the year. The conservative treatment of congenital clubfeet at the centre in Moshi started in H1 following staff training with a physiotherapist at DH. Since this training, CP Moshi has provided 46 babies born with clubfoot with manipulation and casting.

Outreach activities Moshi	Number	Full year target	% of target reached
Outreach trips	9	22	40%
Community clinics	12	N/A	
Total referrals	687	645	106%
(of which VVF/	69	100	
cleft lip/palate/	62	100	
bone deformities/	52	100	

CP/ Others	85 424	100	
Total operations (of which VVF/ cleft lip/palate/ bone deformities)	173 68 57 48		
Babies treated for clubfoot with Ponseti	46	65	70%

5.3 Education

Access to education remains a major challenge for CWD, and contributes significantly to the problems faced in adult life in terms of securing employment or training opportunities. In addition, integration into the community and socialisation with peer groups is reduced for CWD who are not in schools. Both in DSM and Moshi, the education component of CP's work focuses on improving access to mainstream schools for CWD, and the work is supported by the advocacy team's efforts to increase the physical accessibility of the school environment through involvement in initiatives such as the School WASH project. The main physical barriers include lack of appropriate toilet and hygiene facilities; paths and doorways that do not easily accommodate wheelchairs and a lack of ramps into classrooms. CP plans to look at ways of addressing these issues in 2011.

Throughout the year, the education team worked closely with primary school teachers who have CWD in their schools. 78 teachers were trained by CP staff on disability issues and how to manage the specific needs of CWD in the school environment and the teachers, designated as 'health teachers' in school health clubs, use this training to benefit their students. Through health clubs, children without disabilities are educated on how to support the needs of CWD, in particular regarding helping them to access classrooms and other mobility issues. Members of the education team offer support to the clubs with regular visits to monitor progress and to deal with any challenges that arise. Parents also receive support and advice through the clubs. The training of teachers and subsequent training of students creates a school environment in which CWD can be more effectively integrated and in which their specific needs are more easily understood and accommodated.

In 2010, CCBRT supported a total of 803 CWD in 175 schools. Of these children, 403 are in the Moshi area (54 per cent girls/ 46 per cent boys) and 400 are in DSM (48 per cent girls/ 52 per cent boys). At the beginning of the year, 41 CWD were enrolled for the first time in primary schools in the DSM area whilst 28 deaf children joined special units. In DSM, 58 per cent of CWD in schools have hearing impairments and the remainder have physical disabilities. In the Moshi area, 35 CWD were enrolled in schools for the first time. Of the 403, 35 per cent have hearing impairments, 13 per cent have physical disabilities and 42 per cent have intellectual

impairments. The remainder have epilepsy or other disabilities. Children with hearing impairments are schooled in special units at mainstream schools whilst the remaining CWD are integrated into mainstream primary school classes. During the year, 183 schools visits were carried out in DSM and 93 in the Moshi area.

During the year, CP also distributed a total of 2,161 text books for four deaf units and for the children at Manzese day care centre.

5.4 Livelihood and economic empowerment

Manzese day care centre: Manzese opened in August 2009 and has become an important aspect of community life in the area. Not only does it offer CBR to the children who attend, but it also provides opportunities to the parents of CWD to participate in income generating activities whilst their children are being cared for. In 2010, a total of 42 CWD were enrolled at the centre with an attendance of around 30 CWD. As a result of care received at Manzese, five CWD were ready to join mainstream primary schools in the area in the coming year. This brings the total number integrated into mainstream education since Manzese opened to eight. One girl from the centre was able to join nursery school for children without disabilities because her rehabilitation was so successful that she no longer required intensive CBR. The support unit based at Manzese was attended by an average of 85 CWD each time.

Throughout the year, an average of 13 mothers were involved in bread, cake and crisp making and sell locally, and were provided with business training and the facilities at the centre. As a result of these activities, the mothers were able to pay the transport costs to and from the centre with ease. To facilitate the expansion of their activities, new baking equipment was purchased in 2010 including a larger oven capable of baking higher volumes of bread at any one time and a mixing machine for preparing dough. Previously, the women mixed the dough by hand and this limited the amount of bread they were able to produce. The equipment was purchased at the end of 2010 so the results have not yet been seen but it is anticipated that bread production and, therefore, profits, will increase in 2011. The group has saved TSh 252,000 (130 Euro) since the activities commenced. In addition, nine women are involved in other economic activities such as working in shops and restaurants and are contributing to the family income. They are able to work because their children are being looked after in the centre.

Volunteers from the local community continue to assist staff in feeding the children and helping to clean the centre. The community committee coordinates this and is also considering how to gain local sponsorship to sustain the centre longer term and to create a greater sense of ownership in the Manzese area. In late 2010, the parents of children attending the centre were asked to contribute 5,000 TZSh a month to the running costs. This has created some challenges but the scheme will be revisited in 2011 as CCBRT is determined to make Manzese as

sustainable as possible. In August 2010, didactic workshops were held in two schools in the Manzese area. Children without disabilities were trained on disability issues by using assistive devices such as wheelchairs and white canes and were therefore able to experience some of the challenges faced by CWD. Pictures were painted on school walls to demonstrate the importance of accessibility and 'disability friendly' school environments. A total of 2,250 children were reached.

In October, a team of seven was sponsored by the project to undertake a four day study tour of Zanzibar. The aim was to learn how to run livelihood activities for PWD and their caregivers. Various income generating activities were observed including poultry keeping, vegetable cultivation, banana growing and basket weaving.

Mbagala day care centre: The day care centre was opened in partnership with CEFA in April 2009 and has been an ongoing success. The centre has a total of 21 children, 15 of which were enrolled in 2010. Nine of the children are receiving pre-school sessions and a further 35 are receiving school support. The support unit, held every week, is busy with an average of 46 CWD attending each session, In 2010, 498 home visits were made to 45 PWD. The figure is lower than the 2009 figure of 507 visits due to increased turnout at the support unit sessions. In addition, the centre has been the springboard to didactic workshops throughout 2010 which have involved five primary schools and a total of 35 classes.

Collaboration with Radar: Our partnership with Radar Development developed in 2010, with particularly strong links with CCBRT's advocacy team. In 2010, Radar Development registered 178 new PWD on its recruitment database, bringing the total registered to 809. Since its beginning Radar Development has placed 72 PWD in jobs. In 2010, 28 candidates were placed and 24 of these went into permanent positions. A hotel in Zanzibar took several candidates and two candidates with hearing impairments have taken jobs as bakers. One candidate secured a month long placement with an EU election observer. Other jobs taken include positions as social workers, gardeners, call centre assistants and receptionists. The project with CCBRT's advocacy team is the expected to stimulate more companies to actively recruit PWD in the coming year.

Collaboration with CEFA: The "LESS is more: Labour, Empowerment and Social Services for vulnerable people in Dar es Salaam" project, is ongoing. CEFA is a partner NGO, offering vocational training courses for PWD (cooking/housekeeping, carpentry, and construction) and works with Radar Development to find appropriate candidates. In March, 15 trainees on the cookery and housekeeping course graduated following their placements at eight hotels/restaurants, where they gain professional experience after the practical course. 20 new trainees enrolled on the next course, which started on 22 March. Following their graduation in September, another course started with 19 trainees. During the year, a total of 18 candidates enrolled on carpentry courses: nine graduated and the next nine will complete the course in 2011. A bakery course commenced in October, with ten trainees. During 2010, a total of 122

beneficiaries received vocational training or were involved in income generating activities from the project, including embroidery. The apprenticeship stage of the courses was extended from one to three months during the year, providing greater levels of practical experience and enabling the hotels to see the potential of the trainees more fully. 57 PWD and other vulnerable people were placed at partner hotels during apprenticeships and 19 gained full employment afterwards. Late in 2010, the project established a new catering service called 'MORE than food', to produce and deliver high quality, simple food to offices in DSM. Four individuals have been employed in the service and provided food for CCBRT's Private Clinic in December.

Mabinti Center: This CCBRT project continues to develop and run extremely successfully, and 2010 was a particularly strong year with the second group of trainees graduating and the next group of 18 commencing their training. Mabinti was established to offer support to women who have received treatment for VVF through income generation and trains women in sewing, beading and screen-printing. Additional courses are run alongside the craft training. These aim to empower the women socially and economically and comprise life skills (Friday afternoons), English language, and business skills (Monday afternoons). Topics covered in life skills include dealing with peer pressure and building self-esteem. During the year, the trainees also undertook an intensive dress-making course and participated in a field trip to the Bagamoyo College of Arts where they learnt more about how to design and sell to particular markets. The entire training package is designed to equip the women with a holistic range of skills and behaviours to support their full reintegration into community life. With a new grant of 73 million TZSh from the US Embassy received in September, Mabinti is set to expand its training capacity further and to support more and more women in their recovery from VVF.

In 2010, the women at Mabinti produced: 726 bags; 1,116 billboard bags; 105 tablecloths; 383 cushion covers and around 4,000 Binti dolls. The products are very popular in and around DSM, and sales were boosted this year by Mabinti's presence at many craft fairs. The women had to work to tighter deadlines in 2010 as a result of increased orders locally and overseas, and have risen to the challenge well. New designs and marketing techniques also helped to increase sales and, therefore, income. A colour catalogue of Mabinti products was also produced during the year and Shear Illusions, a Tanzanian beauty retail business which produces a magazine, printed a two page feature on Mabinti with photographs of Mabinti products in its first anniversary edition in October. The women at Mabinti were also asked to design and print fabric used by a Tanzanian dance group in the popular Visa 2 Dance festival.

After 18 months of training, 17 women graduated from Mabinti on 23 December. His Excellency, Ambassador Alfonso E. Lenhardt, the US Ambassador to Tanzania, attended the graduation ceremony as USAID is one of the centre's key partners. Ambassador Lenhardt said "You have the tools to succeed and the potential to be powerful examples for other women and young girls in Tanzania. Lead them by example – demonstrate your courage and your confidence." The graduates received a starter kit comprising a sewing machine, fabric and

scissors so that they can set up their own businesses. The women who graduated in 2009 were followed up to monitor their progress and offered ongoing coaching in 2010. Interviews held during monthly meetings have shown that their income levels have improved.

In addition to its activities at the centre, Mabinti also provides regular training sessions in crochet for caregivers and patients at CCBRT DH. These are very popular and around 90 women participated in 2010.

5.5 Social activities

Four sports days held in 2010 provided opportunities for awareness raising and social integration for 1,200 participants. Advice and counselling sessions in DSM are also available and, in 2010, comprised:

- Supportive counselling: 48 home visits and 419 clients involved in group activities
- Legal counselling: 20 home visits and 218 clients involved in group activities (outsourced)
- Marriage/ family issues counselling: 12 home visits and 250 clients involved in group activities
- Voluntary counselling and testing for HIV/AIDS (VCT) in the support units for 48 clients
- Entrepreneurship advice: 25 home visits and 300 clients involved in group activities
- 60 community committee members involved in activities, all of them women

In Moshi, social activities focused on training parents about legal issues and energy conservation during weeks of intensive training (WIT). In 2010, 24 training sessions with 400 participant comprising parents and caregivers were delivered on human rights and gender issues. In addition, 34 training sessions on alternative energy were delivered to 264 participants.

5.6 Capacity development

The provision of training for the parents and caregivers of CWD is a major aspect of the work of the community programme, and reflects our commitment to making CWD and those who care for them better able to manage on a daily basis. We run one to five day sessions on a variety of subjects. These include low vision, sign language training, epilepsy, hydrocephalus and spina bifida, cerebral palsy, and malaria prevention. We also train around social and educational rights and the importance of seeking an education as well as providing information on rights and accessing assistance to secure them. Parents and caregivers are also educated about HIV/AIDS and offered free voluntary counselling and testing (VCT). In 2010, over 3,000 parents and caregivers received such training. Most training sessions are attended by mothers, who are typically the carers and usually present at home based and support unit based sessions. In order to reach the fathers of CWD, Moshi CP held a day for fathers and DSM held two such

days, with total attendance reaching 173. CCBRT also builds the capacity of teachers to manage CWD in the school environment. We train teachers on screening for hearing impairments, managing those with hearing impairments and health issues associated with physical disabilities. In 2010, we trained 343 teachers on various topics such as the role of school health clubs and the full integration of CWD in their schools.

Village healthcare workers are also trained, as are CCBRT staff and supervisors to ensure that professional development is continuous and that the CBR services we provide are maintained to a high standard.

For further details of training, please refer to Section 6.

5.7 Disability and HIV/AIDS

The second year of the three year PEPFAR funded project, Making HIV/AIDS Strategies Inclusive of People with Disabilities in Tanzania, has been one of demonstrable growth and increased impact through wider geographical coverage. The project now works out of the community programme in Dar es Salaam and Moshi as well as from bases in Tanga and Morogoro. In 2010, the project added five new districts to its activities, taking the total number of districts covered to 15. 2010 was a year in which training, IEC materials development and various workshops and meetings took precedence. In its three year cycle, the project aims to reach 54,000 PWD between 15 and 64 years.

Although it is hard to measure the impact of the project given the increase in awareness raising activities, those directly touched by project activities in 2010 number over 9,000. In addition to this are the many thousands who will have been reached through the media, in particular through radio and television spots in the second half of the year: it is a challenge to estimate the numbers accessed in this way. 15 stakeholder workshops have been held through the year to inform the government, district leaders, DPO leaders and other relevant organisations in the respective district about the project. These have been received positively. Two national steering committee meetings were also held during the year to agree strategy and approach and to ensure that all activities are shared by the members.

Training: The project focused on training throughout the year. Those trained include peer educators; healthcare providers; deaf counsellors; rehabilitation staff; teachers in special schools and the parents of CWD. Through such individuals, the project has extended its reach even further.

Training activities and impact 2010	Number
Peer educators	131
Rehabilitation staff	74
Deaf counsellors	43
Healthcare providers	93
Teachers trained on new curriculum	125
Tutors of pre-service teachers trained on training about new curriculum	129
Awareness raising sessions (by peer educators) (Dar es Salaam) (Moshi) (Dodoma/Morogoro/Tanga/Lushoto)	1,493 (714) (411) (368)
PWD reached by awareness raising sessions	7,407
Deaf reached by deaf counselors	285
Number of PWD served by healthcare providers with VCT	741

The statistics demonstrate the central role of training and capacity building, and its direct impact on PWD not only as trainers themselves but also as the recipients of training. PWD face many challenges when it comes to accessing healthcare services and information about health related matters and, in the context of HIV/AIDS, this is a particular problem. By using PWD, such as people who are deaf, as trainers, the project ensures that the approach to tackling these challenges is appropriate and effective. Peer educators focus on young people with disabilities, stimulating and leading discussions on HIV/AIDS through awareness raising sessions which are monitored by the project team. Teachers have also been trained on the new curriculum, which is detailed below, and tutors of pre-service teachers have also received training so as to address the new curriculum in their training of new teachers.

Barriers such as those of communication and attitude are reinforced by problems with physical access to healthcare facilities. To this end, across fifteen districts, 109 healthcare facilities were assessed in terms of accessibility to PWD in 2010.

The training of healthcare providers from government health facilities also supports the overall aim of increasing the accessibility of HIV/AIDS information, testing and treatment for PWD.

The media and IEC materials: The use of media to access higher numbers of PWD was been extensive in 2010. Radio spots have a significant impact and are able to reach those in more rural areas. They can entertain whilst educating and are an effective means of communicating

key messages. In 2010, two television and eight radio spots were developed and aired from mid December. The television spots addressed accessibility issues, whilst those on radio focused on the misconceptions and myths around HIV/AIDS and people with disabilities. In addition, the project recorded a series of 21 television dramas which started to screen on 25 December. The dramas address the communication, attitudinal and accessibility barriers to the provision of HIV/AIDS services and education to PWD. The 15 minute programmes, shown on ITV after the main evening news, comprise the drama followed by a discussion about the issues led by the newsreader and members of the cast.

The project is also revising and developing IEC materials and has involved stakeholders in the process. As a result of stakeholder meetings, 12 posters, five leaflets and four radio spots were designed. In addition, the following materials were produced in 2010: 220,000 brochures; 13,500 Braille brochures; 250 training material packs for rehabilitation staff; a teaching module of which 1,000 copies will be printed; 36,000 pictorial materials; 250 training manuals and job guides for peer educators, plus the same in Braille; and 141,000 posters. The materials were tested by focus groups before being finalised.

Curriculum review: In partnership with the Tanzania Institute of Education and the Ministry of Education and Vocational Training, the project has reviewed the special needs education curriculum for in-service primary school teachers, with the objective of integrating health education and HIV/AIDS education in the curriculum for CWD. . At the end of the year, the revised curriculum was still in the process of being assessed by the relevant government bodies and it is envisaged that endorsement will be given in 2011. Teaching and learning aids were donated to 11 primary schools in the first half of the year, including three Braille photocopying machines. The overall aim of this component is to ensure that all learners with disabilities receive the same information and education about HIV/AIDS irrespective of disability.

Events: During the year, three awareness raising events were held. An event in Mbeya was held in conjunction with Ebony FM and, on World Aids Day (1 December) and International Day for Persons with Disabilities (3 December), 462 people received VCT. Of these, 114 were PWD. To develop networks, the programme manager joined the Adolescent Reproductive Health Technical working group in early 2010 and gave a presentation on HIV/AIDS and youth with disabilities, and how to access them in different settings and locations. The assistant programme manager and a PWD living with HIV/AIDS attended the 18th International AIDS Conference in Vienna in July. This was an excellent opportunity for CCBRT to build networks and to demonstrate the work being undertaken by the project.

6.0 Training

Through its training activities, CCBRT demonstrates its commitment to the long term sustainability of its work. Capacity building is vital if individuals, other organisations and community groups are to develop the skills, knowledge and awareness needed to ensure that PWD receive the care, respect and rights that they are due. Training is therefore integrated into the activities of all CCBRT staff and is also provided for:

- PWD themselves
- The parents, caregivers and teachers of CWD
- Community healthcare workers
- External trainees from medical / CBR backgrounds

In order to develop the skills of those involved in disability professionally, CCBRT also runs a comprehensive international training programme for visiting doctors, nurses and students around the world. This training helps to support work with PWD not only within other African countries but also globally, whilst bringing new perspectives and techniques to our own medical staff at DH.

CCBRT's belief in the role of training and capacity development contributes to the recruitment, retention and motivation of staff and ensures that our services are of the highest quality.

Training highlights

Internal

CCBRT is committed to building the capacity of its staff members by offering professional development through training, courses, and attendance at conferences and other events. In 2010, many staff members received such opportunities and others benefitted from ongoing knowledge and skills enhancement through regular on-the-job training.

From DH: the prosthesis and orthotics technologist attended two orthopaedic workshops in Switzerland, and presented on Ponseti technique at a congress in Germany; an orthopaedic surgeon spent two months in Germany gaining experience in hip, knee and arthroscopy surgeries; two members of staff continue their bachelor degree studies in social work at the Institute of Social Work; in February, Standard Chartered Bank conducted a customer care training session which was attended by nurses, registration staff and receptionists. A registry clerk at the hospital received training in customer care. Two eye nurses attended a three month ophthalmic assistant course in Tanzania and other opportunities to learn came through visiting surgeons from overseas and continuous medical training. Two nurses joined a degree course in nursing at in Dar es Salaam. A VVF doctor went to a conference on VVF in Senegal, whilst members of the anaesthesia team attended a three-day international conference in Kenya. The Deputy Hospital Director travelled to the U.S. for an M-Health Summit meeting.

From CP: CP staff were trained regularly in the following areas in 2010: children's rights; human and social psychology; cerebral palsy management; low vision assessment and mobility and orientation; Braille and sickle cell. In 2010, 43 CP staff received sign language instruction and three received special seating training provided by KCMC. One CP physiotherapist was trained in clubfoot treatment and three received training in child protection. Three CP staff attended a basic wheelchair and seating course at Tanzania Training Centre for Orthopaedic Technologists (TATCOT) in Moshi. 34 CBR staff attended 12 trainings with topics including muscular dystrophy, conflict in society, HIV/AIDS and disability, child rights and communication skills. Eight supervisors participated in four trainings. Three physiotherapists were trained on clubfoot treatment at DH whilst a further three received child protection training. In addition, three attended a special seating course at TATCOT. In Moshi, 41 staff received training about conduct of work and 15 sessions were held for the 14 rehabilitation workers on a variety of CBR topics.

From HIV/AIDS & Disability Project: The Project Manager, HIV/AIDS Coordinator and IEC Coordinator attended State Of The Art (SOTA) training in Cape Town, South Africa in April. The purpose of the training was to share best practices in HIV/AIDS technical areas. In March, three project staff attended a five day training in Uganda which led to the establishment of a referral system to DH VCT. In July, the assistant programme manager and a PWD living with HIV/AIDS attended the 18th International AIDS Conference in Vienna. This was an excellent opportunity for CCBRT to build networks and to demonstrate the CCBRT's work to tackle the ongoing challenges faced by PWD with respect to HIV/AIDS issues.

From HQ: The advocacy team attended training on mainstreaming disability in Addis Ababa, organised by the Ethiopian Centre on Disability and Development. One team member attended training on government budget analysis provided by a local research and training organisation. Another participated in project planning and proposal writing training given by TRACE, a Tanzanian training and facilitation body. In September, an advocacy officer and the public relations officer spent three days in Nairobi learning about compiling case studies. The advocacy team received training in

disability employment issues from DAA. In November, the Deputy CEO participated in the International Workshop on Resource Mobilisation in Kampala, Uganda. In addition, around 20 CCBRT staff received training skills training from Radar Training.

External

CCBRT believes the key to sustainability is the capacity building of others. It support the professional development of others in the field and offers placements to medical professionals and students from around the world; fellowships; research opportunities; trainings for others involved in disability (including village health care workers and teachers); orientation and mobility training.

At DH: During 2010, three ophthalmologists on six month fellowships at DH ended their placements; an additional applicant from Mbeya started the placement in May: the first Tanzanian fellow in over three years. A further two fellows started placements in H2. Eight visiting doctors brought their expertise to DH in 2010, helping to build the capacity of CCBRT staff whilst gaining invaluable experience themselves. These include: a German professor who came for three weeks in February to work with CCBRT orthopaedic surgeons on complicated cases; another doctor from the UK who stayed for two weeks and brought similar expertise; a team from the U.S. known as the 'Snyder Group', after the Professor who leads them. For two weeks in July, the group focused on performing cleft lip/palate surgeries. Five AMOS completed their clinical and surgical experience at DH in March. One came from KCMC where he is a specialist in cataract surgery. In mid February, two students ended their six month training in the prosthetic and orthotics unit. They came through TATCOT. A further three TATCOT students started a month of practical training in March. An additional student completed research in the unit. Also at DH, a German medical student came for two months to observe VVF surgery and two nurses from Uganda spent six months with the anaesthesia team. A low vision therapist, also from Uganda, came for clinical experience in the low vision unit. A physiotherapist from the Netherlands spent six months working at DH at CP.

At rest of CCBRT: 15 reporters from print, TV and radio attended a course at CCBRT in May. The course, run by CCBRT's technical adviser for BMH and the communications team, aimed to enhance the journalists' knowledge about the national strategy for maternal and newborn healthcare and the challenges affecting its provision. Key terms relating to maternal health were also explained, and an update on BMH was provided along with a presentation on useful information sources and accurate reporting. The advocacy team provided a disability awareness session for 25 journalists, including the use of appropriate language on disability issues. Through the capacity building phase of the BMH project: 25 healthcare staff were trained in Standard Based Management and Recognition in July; 72 maternal healthcare workers received training on the prevention and detection of impairments in November; 52 midwives and AMOs were trained in BEmOC in November and December.

Between 13 and 19 May, a five day training on project planning and proposal writing for disability organisations was conducted in collaboration with CEFA, with whom we partner on the LESS is More Project at Mbagala day care centre. The training was conducted by the Tanzanian training organisation, TRACE. 25 participants from disability organisations attended following the identification of a skills gap, and further stimulated collaboration between those involved. DAA and Radar Training provided a four day training on disability awareness and training skills for 20 representatives from DPOs and disability organisations.

A total of 121 village healthcare workers were trained in all aspects of CCBRT's services in order to help identify and refer people in need of treatment. 40 Form Four leavers sponsored by Academy Education Development trained at CCBRT between 10 and 13 August. The training provided the skills to detect conditions including cleft lip, fistula and congenital cataract and the interns will refer patients to CCBRT Disability Hospital. 13 Light for the World Austria staff attended a week of training at CCBRT on various CBR topics as well as training on communications and advocacy work.

PWD, their parents and caregivers

During 2010, over 3,000 PWD, parents and caregivers of CWD received training:

A total of 41 weeks of intensive training in both Moshi (30) and DSM (11) involved 1,156 parents and caregivers, covering cerebral palsy and hydrocephalus/ spina bifida (HC/SB). These weeks incorporate other issues such as human rights, accessing assistance and HIV/AIDS. In Moshi, 20 blind adults received orientation and mobility training. A further 74 received such training in DSM. 98 blind adults were trained on malaria, HIV/AIDS and disability at three DSM municipalities.

15 self-help sessions were conducted at support units, reaching 373 parents. The parents discuss how to support each other and how to initiate income generating activities. During three HC/SB meetings in Moshi, a total of 224 parents were trained. A male parent day in Moshi was attended by 49 fathers. In DSM, 1,076 parents attended one day meetings focused on hygiene, low vision, malaria and mental impairments. Of these, 124 were fathers who attended two separate days dedicated to training male parents. In DSM, 436 sessions were conducted at ten support units where parents can share experiences and socialise with others.

Throughout the year, 343 teachers received training through CP. These include those being trained for health clubs in primary schools; primary school headteachers; and teachers receiving sign language training. Mothers at Manzese received business skills training and participated in sessions on health, education and social issues.

Through the HIV/AIDS and Disability project, the following have received training: 131 peer educators; 74 rehabilitation staff; 43 deaf counsellors; 93 healthcare providers; 125 teachers; 129 tutors of pre service teachers.

Annex 1: Management structure

PATRON OF CCBRT

Hon. Mr. Samuel Sitta MP
Speaker of the National Assembly of Tanzania

GENERAL ASSEMBLY

Hon. Dr. W. Slaa
President
Mr. B.K Tanna
Vice President
Mrs. P. Machange
Mrs. R. Mollel
Prof. G. Mmari
Mr. E. Mnyone
Mr. K. W. D. Kihomano
Mr. Kingobi
Mr. J. Sutton
Mr. E. Telemans

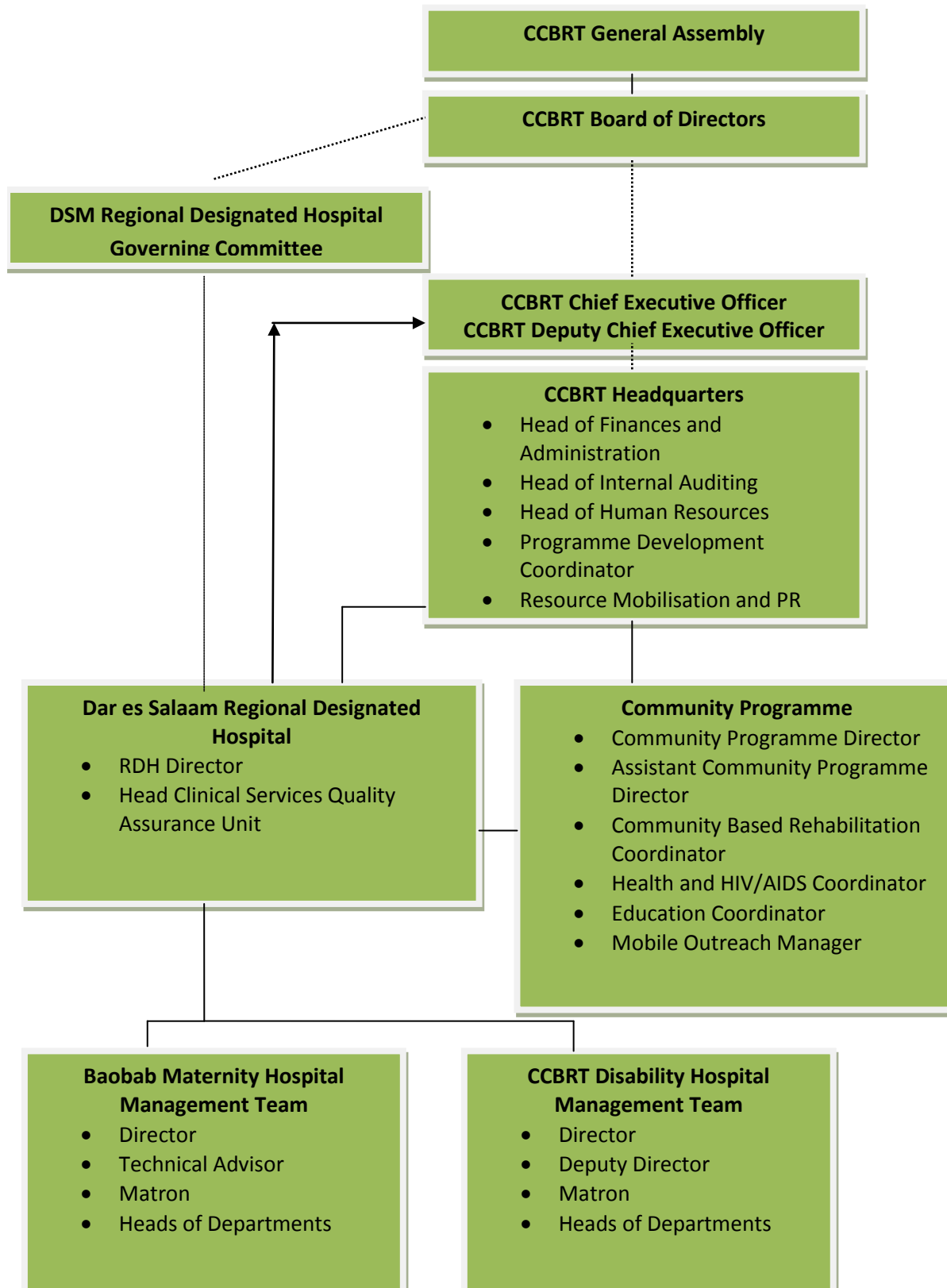
THE BOARD

Hon. Dr. W. Slaa
President
Mr. B.K. Tanna
Vice President
Mr. E. Telemans
Chief Executive Officer
Prof. G. Mmari
Mr. E. Mnyone
Mr. J. Sutton

HEADS OF DEPARTMENT

Chief Executive Officer: Erwin Telemans
Deputy Chief Executive: Haika Mawalla
Regional Designated Hospital Director: Tom Bourez
Disability Hospital Director: Tamaly Lutufyo
Deputy Disability Hospital Director: Tom Vanneste
Community Programme Director: Brenda Msangi
Assistant Community Programme Director: Jennifer Lwehabura

Annex 2: Organisational structure



Annex 3: List of partners

Thank you very much to our partners for their support in 2010. They are:

The Government of Tanzania
CBM
PEPFAR
European Union
Irish Aid
The Charitable Foundation
Light for the World Belgium
Light for the World Austria
UNFPA
UNDP
Standard Chartered
Rotary Club
New Zealand Aid
AusAID
US Embassy
Embassy of Ireland
International Federation for Spina Bifida and Hydrocephalus
Johnson & Johnson
Lions Clubs
Motivation
AMREF
The Smile Train
Mathis Eye Foundation
Caritas Luxembourg
CIM
WISE
NBC Bank
Tigo
The Liliane Foundation
Zain
The Dar es Salaam Goat Races
Heart to Heart Foundation
ICRC

Many others have contributed to our work so far in 2010 and we would like to thank them. They include diplomatic missions, organisations, and individuals (many of whom prefer to remain anonymous), who have made donations to CCBRT or Kupona Foundation, or have supported us in fundraising events. Among them: KLM; African Life Assurance; Color Print; Commercial Bank of Africa; DT Dobie; Corona UK; GeitaGold/Ashanti; South Africa High Commission; Association des Cadres Investisseurs Francais en Tanzanie; Sumaria Group; Italframe Ltd.; Japanese Ministry of Foreign Affairs.

Our thanks are also extended to those who make a regular contribution to CCBRT's work through the Friends of CCBRT scheme, including BOA Bank Tanzania, Monier 2000 Ltd., Alliance Francaise and the many members of CCBRT staff who are members of the scheme.

Annex 4: Partners pledging support for Baobab Maternity Hospital

Corporate:

Africa Life Assurance
Alexander Forbes
Aluminium Africa
Barclays Bank Tanzania Ltd.
African Barrick gold
BOA Bank Tanzania
CFAO DT Dobie Tanzania
Dominion Oil & Gas Ltd.
Heritage Oil Tanzania
Karimjee Jivanjee Foundation
NMB
Songas
Standard Chartered Bank
Tigo
Twiga Cement
Vodacom Tanzania
Zain Tanzania
Mr Mustafa Jaffer Sabodo

Development:

EU
Anton Jurgens Fonds
Jhpiego
Stichting voor Christelijke Ziekenverzorging
Swiss Development Cooperation

Government:

Ministry of Health and Social Welfare

Annex 5: Financial Summary 2010

Income vs. Expenditure 2010* (based on unaudited accounts)

Total Income		€ 6,680,000
Total Expenditure	€ 5,890,000	€ 5,890,000
Balance (Late transfer plus annual savings)		€ 790,000

